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THE LIMITATIONS OF REST IN THE TREATMENT OF TRAUMATA.*

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Nothing has had a greater influence upon surgical practice than John Hunter's epoch making generalization: "The first and great requisite for the restoration of injured parts is rest."[†]

For the dissemination of the Hunterian maxim the popular work of Hilton on "Rest and Pain," with which every practitioner of medicine is familiar, has been the most successful agent.

Let me quote from Furneaux Jordan, Surgical Enquiries (London, J. & A. Churchill): "Rest is a remedy so necessary as a foundation to all other treatment that it can only be regarded as an evidence of the slow progress of therapeutics that it should have been left to a surgeon of the nineteenth century (Mr. Hilton) to enforce its universal need."

Like many of the supposed canons of surgery, this maxim of rest after

injuries is gradually and steadily undergoing a review as our knowledge of the physiologic and anatomic changes which are associated with injury are being modified in the light of more recent experience in the laboratory and at the bedside.

The fundamental changes which have occurred in our knowledge of tissue and function disturbance following injuries, and the changes which we group under the inherited name of inflammation, have greatly influenced practice. Repair of injuries is a physiological process. Traumata, unless so destructive of tissue as to result in necrosis, are followed by such physiological reaction as will repair the damage done and restore the changed function, and unless infection occurs traumata, whether resulting in contusion of the more highly organized structures or of those of lower vitality or in open wounds, are not followed by inflammation. Hence the reparative process and inflammation are distinct and separate processes, although they may coexist and

* Read before the Missouri State Medical Association, Excelsior Springs, May, 1905.

[†] John Hunter. A treatise on the blood, inflammation and gunshot wounds. Philadelphia, 1817, p. 185.

necessarily modify treatment. Both processes—the reparative as well as the inflammatory process—are beneficially influenced by imitating in practice what nature attempts to do, namely, to place the tissues, structures and organs into such relationship to the organism as a whole as to enable them to recover from the disturbance inflicted upon them.

By rest, or, if you will, by immobilization, or by limiting mechanically or therapeutically normal functions for a time, we pattern our treatment after nature's example. In carrying out this idea of limiting function in cases of injury the profession has gradually drifted into a groove narrow and contracting until in many instances immobilization and rest are the only local therapeutic measures which are instituted.

Against this practice it is my intention to direct these brief remarks. I realize that the consideration of such apparently elementary things is not the order of the day, but I believe that for every-day work you and I can get more out of the discussion of a subject in which all of us are practically equally skillful, and in which most of us have had some experience, and such a discussion, whether had in public or whether it gives one food for thought and suggestions for practice, will result in good to ourselves as physicians and will keep many of our patients out of the hands of those who, although ignorant of the science of surgery, draw to themselves a large clientele which should in the nature of things come under the supervision of the medical profession, because, however ignorantly these pretenders apply physiological prin-

ciples, they apply them, and those of us whose training should have taught them differently, sit idly by and in the comforting belief that we are letting nature take her course, we are really constantly interfering with her in her efforts at speedy restoration.

If you will analyze your own experience you will concur in the conclusion that in very many instances too much rest is given because of the fear that the swelling usually observed and the pain associated with the injury are the manifestations of beginning inflammation, which will be increased unless the structures were kept quiet, and which might result in permanent disability. Now, the truth is that unless an injury is associated with an open wound, it is not influenced for the worse by immediate manipulation nor by the use of the part. Let us take as an illustration a simple fracture. Its diagnosis when the long bones are affected can, as a rule, be readily made. Having determined the site and direction of the fracture, if the latter be at all taken into consideration, the more perfect the reduction and the more perfect the apposition of the fragments the better satisfied is the attending medical man, and he directs his entire therapeutics to keeping the fragments in apposition. He next gives attention to the pain, which is supposed in proportion to the mobility of the fragments. The surgeon who obtains perfect apposition and immobility and makes his patient comfortable flatters himself that he has, and is generally supposed to have, accomplished everything that need be accomplished for the time being. His

immobilizing apparatus immediately and properly applied and anodynes ordered *pro re nata* is, as a rule, the limit of the attendant's activity.

Now let us consider what are the conditions of the limb recently fractured: First, there is swelling of the limb at and around the site of injury, which follows in its spread the loose intermuscular connective tissue and fasciæ. In the next place there is more or less pain brought about by any attempt at voluntary movement. The swelling or tumefaction is due to the injury of blood vessels of the bone or of those lying near the site of fracture and torn by the same violence which broke the bone. Hence there is extravasation of blood into the soft parts and extravasation of serum from the lacerated tissues in the neighborhood of the fracture. This blood and serum extravasation constitutes the first swelling. Other circulatory changes, however, tend to augment the swelling and to have it continue for a long time. The most important of these is the venous stagnation in the limb which has been fractured. I need only mention it to recall to you the elementary fact of physiology that muscular contraction and relaxation acting upon the veins are the most potent factors in keeping up venous circulation. When for any reason the muscles do not perform their physiological function in a case of injury the chief cause of the venous flow does not act, the veins become engorged; they relieve themselves, it is true, partially by transudation of serum into the soft parts, but the arterial flow continuing, the engorgement of the limb and transudation continues and increases. The effect

of this venous stasis in the limb means interference with its nutritive changes, for the exhausted blood is detained and cannot perform its physiological function. The reactions between the blood and the tissues are interfered with, hence the vitality of the limb becomes lowered, and hence its power of initiating and sustaining the reparative changes is diminished.

Now, how much can be gained in establishing the process of repair when the limb is in the condition above described by simply bringing the fractured ends into proper apposition? How will successful reparative action be initiated? What can be accomplished until the local tumefaction and the extravasated blood and the blood stasis have been removed? We would not think of substituting for the normal physiological intermittent muscular contraction voluntary muscular action, but should find some substitute and this substitute is best represented by effective manual pressure so directed as to empty the distended veins of their contents and the connective tissue of the transudation which has been poured into it.

We begin the manipulations necessary for the accomplishment of this purpose on the proximal side of the injury, because the proximity of healthy tissue enables the transudation to be absorbed the more readily, and the relief of the proximal portion of the swelling will bring relief to the more distal parts. The unloading of the vessels and lymph spaces will at once remove the feeling of heaviness and throbbing and will make the patient comfortable, so much so that the at first much dreaded "rubbing" will be gratefully welcomed. After

the first artificial stimulation to the circulation, and to the removal of the transudations, which should be done immediately after the trauma has been inflicted, a light immobilizing apparatus, applied *secundum artem*, should support the limb. The application of the splint should not, however, exclude the application of artificial stimulation. In fact, it should be continued at intervals of twenty-four hours, so long as swelling remains—swelling due to effusion. When the tumefaction has subsided the splint should remain permanently applied until the repair of the soft parts and the bone has been accomplished—usually a relatively shorter time than when immobilization alone has been practiced from the beginning.

I have not the temerity to prolixly detail what is more familiar to you than to me in the application of splints, their occasional removal for purposes of inspection as to the contour of the limb, or the correction of deviations. But let us pass on to the consideration of the limb after the usual immobile encasement has been removed. Two things stare us annoyingly in the face—atrophy of the member and muscular debility. The leg or arm is wasted, the fat has disappeared, the muscles have become atrophic from non use, they are incapable of performing their function. If after weeks of strenuous effort the muscles begin to resume their office, they are soon exhausted and their contraction causes pain—a condition but very slowly recovered from and in exaggerated instances never. This is the condition usually

encountered, and it is the condition most difficult to overcome.

It suggests itself, therefore, that an early return to muscular movements will prevent muscular wasting. By this I do not intend to advocate muscular movements of the limb by the surgeon or attendant—the so-called “passive motion;” that is, as is well known, an impossible kind of movement except when the patient is anesthetized. I rather refer to those voluntary movements made by the patient under the direction and guidance of his surgeon, even before consolidation of the fracture has occurred. The splint encasing the limb is removed or opened if an influence upon the patient's mind must be made and he is asked to move the different muscles. His efforts, at first timid, because of the supposed pain from which he will suffer, soon become more bold, and after a few trials it will be found that he moves them easily and painlessly.

As Wharton P. Hood has pointed out, “The Treatment of Injuries by Friction and Movement,” “all muscular effort that is excessive for the muscle performing it is attended and followed by perfectly harmless pain;” and “every slight or ordinary effort is excessive for a muscle that is flabby or wasted from disuse.”

If the prolonged enforcement of rest acts detrimentally in cases of fractures, the picture is the more pronounced in traumata involving joints.

In a dislocation, the first object to be attained is to reduce it, and then our efforts are directed to the preservation of the mobility of the joint. Does it seem reasonable to sacrifice its

mobility first by disuse through immobility or rest? No one would be so foolhardy as to incur the risk of renewed displacement by movements calculated to dislodge the bone, but all other movements tend only to promote the absorption of the effused blood and lymph. whether these fluids have found their way into the joint itself or into the surrounding structures.

And lastly as to sprains—Here the same indications are to be met. First, the prevention of the formation of adhesions due to the organization of the extravasated blood or the effused lymph; and, secondly, the preservation of the muscles from the wasting incident to non use. The former is accomplished by friction; the latter by the performance of the natural functions of the joint. Upon rubbing, mechanical support and exercise rests the successful treatment of this most obstinate of all injuries to joints or their neighborhood. To encase the sprained joint in an immovable splint will secure "rest," but it will also be followed by a wasted limb and a painful joint, and recovery will be so long deferred that the popular opinion is well founded that "a sprain is worse than a break."

I have thus hastily sketched the conditions in the treatment of which we most often sin by the establishment of prolonged rest, leaving it to others to discuss the tendency to initiate an early return to physiological functioning; as, for example, in permitting patients upon whom surgical procedures have been instituted for abdominal thoracic and cerebral injuries and diseases to arise as soon as the surgical wound has healed.

I cannot, however, in conclusion refrain from calling your attention to the fact that unwittingly we become participants in prolonging the period of responsibility in cases in which claims are made for the payment of damages.

Let me summarize:

Contrary to the accepted practice, early and continued use of injured parts tends to prevent adhesions and muscular wasting. Both of these conditions cause disability prolonged beyond the time necessary for nature to repair the injury.

DISCUSSION.

Dr. H. M. Grace, of Chillicothe: One of the greatest advantages in getting patients up soon after injuries is not only that the circulation is affected by the exercise, but there is the value of open air and sunshine. I was taught that when called to see a patient after such an injury that I must keep him absolutely quiet. Often we put the patient into a dark room in order to better keep him quiet, and when we removed the splints, we found the muscles atrophied and the circulation interfered with, and sometimes the patient was in pretty bad condition. On the other hand if we allow those patients to go out into the open air the general condition is greatly improved. Another thing, I was taught that when the parts were put in apposition we were to leave them there and that in three weeks we would find them united, but we have often been badly disappointed. Sometimes the parts are not united at all, and then we rub the fractured ends together to get a better circulation. If we had

kept up massage we would have had a better result. Again we think the limb is straight and when we take off the splint we find it is not straight, but it is firmly united. Now, I make it a rule to take off my splints once a week, and if the limb is not perfectly straight I put it straight. We make a mistake when we go to see our patients and only look at the outside of the splints. Fowler in his abdominal work made one of the greatest strides in the world when he advised his patients to sit up early, or to be propped up in bed. When I went to school, a patient, after an appendectomy, was kept in bed for three weeks. Now we see patients up and traveling to distant parts of the country in a week's time. Women, after hysterectomies, were kept in bed for six weeks, but now we have them get up much earlier and stir about, and they are much better for it.

Dr. M. B. Clopton, St. Louis: I would certainly agree with any man who urged close attention to fractures and the early use of parts about the bone. Some years ago a French surgeon, Lucas-Championniere, directed attention to the value of massage about the soft parts around the fracture. He used no splints to confine the parts, but watched the case carefully, using sand bags and other appliances to maintain position. The use of splints does away with the anxiety that one must necessarily feel when relying upon such insecure supports as he used. In the treatment of sprains early use is essential. I remember cases that I saw in which it seemed impossible for the men to use the joints; the pa-

tients were football players, and it seemed probable that they would be laid up for weeks. Adhesive plaster was used to immobilize them and they were sent home with that dressing, and in a few days we found them back in a hard game. You save five or six weeks in the treatment of a sprain if you can get the patient on his feet within twenty-four hours. If there is very much muscle spasm there must be a very much firmer dressing than adhesive plaster, and a light plaster dressing for twenty-four hours about the ankle will be sufficient to start the patient off with an adhesive plaster dressing. In Colles' fracture treated with plaster of paris the most distressing results have occurred because the dressing was not removed every three or four days. More ischæmic palsies have occurred from the compression of the muscles of the forearm in a plaster dressing in the treatment of Colles' fracture than in any other form of treatment.

Dr. L. A. Fulton, Kansas City: I would lay emphasis upon two points not mentioned in the discussion, first regarding early passive motion in cases of fracture I cannot find language too strong to condemn early passive motion in fracture. Even when the fracture is firmly united I doubt the advisability of motion inside of four weeks. Keep your splints on and let it alone. Another point in these conditions: I believe there is nothing to match irrigation, especially if there is tumefaction. Elevate the limb, and, if necessary, use an antiseptic solution; if not, then use merely hot water. Nothing will give greater relief than constant hot water

irrigation at 110° for twenty-four or forty-eight hours, if necessary. It makes the contused parts look like a washerwoman's hands. It will, many times, save amputation of a limb.

Dr. C. H. Wallace, St. Joseph: This especially interests me, as my railroad connection has given me considerable work along this line. I am especially interested in the point touched on, that the old practice has been too long immobilization in many injuries, but the pendulum is likely to swing too far the other way and motion commenced in certain cases before it should. This is a matter where the judgment of the surgeon and the conditions of the patient must be the guiding factor. There are many fractures especially of the long bones where we may maintain coaptation without confinement of the part for an extended period.

We should make an effort to strike a middle ground in these cases and put on splints and maintain coaptation, at the same time secure a certain amount of motion to the limb. For instance in Pott's fracture, we believe the patient should not be confined longer than a fortnight or after the inflammatory condition has subsided. Consequent improvement of the general condition incident to fresh air and exercise is an important element in early restoration. After a week or ten days we turn these patients out of doors and per-

mit a little motion of the limb every day with a plaster support that maintains coaptation, and they will recover within a third of the time that they would have done with the old method of absolute rest and confinement in the house for six weeks.

As to the dressing in Colles' fracture, I maintain that a Colles' fracture after it has been reduced will retain its position without a dressing. The only dressing needed is a support of the distal and for the relief of pain. The bad results so often seen in these cases frequently come from the effort of reduction without the use of an anesthetic, the consequence being non-reduction and permanent deformity and impairment of function.

Dr. A. W. McAlester, of Columbia: The subject should interest every general practitioner. The great point brought out in Dr. Lutz' paper was, that venous obstruction prevented normal cell growth, retarded union, as in case of fractures, predisposed tissue to inflammatory changes, permitting them to disintegrate by implantation of bacterial life. That when this venous circulation was retarded by whatever means was applicable to a given condition, normal cell production would take place. The fracture alluded to by Dr. Lutz was merely to illustrate the great principle, leaving the practitioner to widen the range.

A CASE OF ABSCESS OF THE PLACENTAL SITE.*

By E. W. SAUNDERS, M. D., of St. Louis.

In the year 1890 I was engaged to attend Mrs. R. in her first confinement. The gestation showed nothing abnormal except that it was prolonged for two weeks beyond the expected date. There had been no serious illness either before or after the marriage, and no suspicion of an infection of the pelvic organs. Labor progressed slowly until dilatation was sufficient for the application of the forceps. At that time it was noticed that the pulse was too rapid, and that the temperature had risen to 100.5° . There was a very disagreeable odor which became noticeable about the time of the rupture of the membranes. The child was very large, and as soon as it became evident that there was no progress I decided to apply the forceps. I sent for Dr. P. G. Robinson, who noticed the bad odor before he made an examination. The child was living. On bringing the head down, extension did not occur. Dr. Robinson called to me, "Make extension," but it required my best endeavors to bring the occiput up against the arch. The pains were very vigorous. I soon discovered the explanation for the lack of extension—the child was dead, and every muscle was rigid with a preternatural rigor mortis.

We estimated the weight of the infant to be between twelve and fourteen pounds. There was very little laceration of the soft parts. The placenta was expelled almost immediately, and with it came a rush of pus

mingled with the blood, the odor of which almost sickened us. The uterus contracted well, and there was no hemorrhage.

Within a few minutes the patient had a most violent chill, with cyanosis, and the pulse rate was so high that it was difficult to record it. The temperature rose rapidly to 104° , if I remember correctly. We examined the placenta, which came away entire, and found a space which had evidently formed part of the boundary wall of an abscess cavity.

My theory was that the abscess was primarily tubal, eventually encroaching upon the cornu. However, there had never been in her case a suspicion of pyosalpinx.

The case pursued a severely septic and prolonged course, eventuating in recovery. There was extensive plastic exudation in the pelvis, which was finally absorbed. Pyelitis was the last complication that arose.

Retro-placental abscess seems to be a rare complication of labor. In the current literature of that day I succeeded in finding only one case which tallied completely with mine in all respects, except that it terminated fatally at an early day.

To my friend Dr. B. W. Moore I am indebted for valuable assistance in the research of the literature up to the present time.

The obstetrical literature of the earlier part of the last century contains a fairly abundant number of references to inflammatory changes in the placenta. Thus, Sir James Simpson distinguished three stages

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of placentitis: first, that of serous effusion; second, that of fibrinous exudate; and third, that of purulent effusion. Among others, Seanzoni, Hegar, Marie and Schroeder accepted this classification. But a more careful study of placental abnormalities in recent times has shown that the changes which were formerly attributed to inflammatory processes are, in reality, due to infarct formation, either white or red, or to the presence of cysts whose grumous contents were mistaken for pus.

A hasty review of recent literature would seem to show that purulent inflammation of the placenta is extremely rare. A few of the current treatises on obstetrics contain references to the condition. Williams recognizes the possibility of inflammation of the maternal portion of the placenta from a pre-existing inflammatory condition of the endometrium, or by extension from the Fallopian tube, and has observed in several instances, in examining placental tissue under the microscope, a characteristic appearance of acute inflammation.

Von Franque observed similar changes, but believed them to be secondary to the death of the fœtus. Recently Goldspohn reported in this city a case of hyperemesis gravidarum, in which pregnancy was interrupted at three and a half months, and in which there was a circular, purulent infiltration of the placenta, the size of a quarter, emitting a foul odor. No bacteriological examination was made. He quotes a case of Jardine, and two of Ludwig Pick's, from Schauta's clinic, in which a similar condition was found, post-mortem.

Schroeder, in his treatise, mentions a case of retroplacental abscess observed by Bouschert. Liell, some years ago, observed a somewhat similar condition. The patient had pyosalpinx, which emptied into the uterus during or after labor. Both mother and child survived.

DISCUSSION.

Dr. Glasgow said that it had never been his fortune to find a case exactly like the first, namely, abscess on the placenta. He had seen a case like the second one. The patient was about eight months pregnant and had some slight fever. The child was born all right. Next day the temperature was 104°. Washing out the uterus did absolutely no good, showing that there was no infection originating in the uterine cavity. He then drained it with a hard rubber tube, and the patient got well and had better health than she had enjoyed for years. He had used these hard rubber tubes a long time, and they were very satisfactory. He put it into the fundus, and everything drained away perfectly. He had never had a case die of sepsis after labor, and he didn't think they ought to die, if attended to properly early before infection became established outside of the uterine cavity.

Dr. Robert M. Funkhouser had never had a case of abscess of the placenta. But as the doctor had mentioned a case of pus coming from a pus tube it reminded him of a case that he had heard of recently. A good deal of bad smelling pus had come away after the birth of the child. This was undoubtedly from a pus tube. The pus had welled out with

the afterbirth. There was every evidence that the patient had a salpingitis, but she was well at the present time.

Dr. Elbrecht said that as Dr. Saunders thought there was a possibility of this pus having arisen from a pus tube, he wanted to mention a case that had come under his observation about a year ago. The patient, a colored woman, had been delivered of twins, a normal delivery in every way, and thirty-six hours later died of acute peritonitis before he could operate. At autopsy he found that she had a double pyosalpinx and one tube was ruptured, which had given rise to the acute peritonitis. Gonococci were found in the pus. Both the babies lived. It was the only case he knew of in which double pus tubes existed with pregnancy. The one which had ruptured was about the size of a walnut. There were few adhesions.

Dr. Saunders asked Dr. Elbrecht if he thought these might not have developed after conception.

Dr. Elbrecht replied that he supposed the pus tube had existed on one side when pregnancy occurred, and that the infection had traveled around to the other side. He did not think the tube was ruptured by labor, but most probably through the use of Crede's method. The pressure used to express the placenta would be sufficient to easily rupture a thin walled pus tube.

Dr. L. E. Newman thought it strange that the patient had not developed a temperature during pregnancy and no signs during the six weeks preceding labor. He judged that the abscess cavity held in the neighborhood of a pint of pus, enough

to certainly make the odor very noticeable before the delivery of the placenta. He asked Dr. Saunders if the child was alive.

Dr. Saunders replied that he had heard the fetal heart beat. The rate was pretty rapid, but there was nothing that had aroused his fears for the child. When born it was tetanized with the stiffest muscles he had ever seen.

Replying to a question by the president, he said that the abscess had been centrally located rather than near the margin, and that there was no evidence of an old clot having undergone putrefaction.

Dr. Crossen thought that if the condition came from a salpingitis there should have been a history of some previous disturbance.

Dr. Saunders stated that the patient might have had some disturbance, but there was no mention of any. This was her first child.

Dr. Crossen said the more rational explanation would be an infarct with subsequent infection.

The president, referring to Dr. Glasgow's remarks as to the drainage of pus tubes, said he had reported two or three years ago a case of extreme puerperal sepsis, which had developed after the woman had apparently gotten well. She was taken with a hard chill, temperature running up to 106°, and he found the left tube as large as a goose egg. She had been perfectly normal for four or five days when this occurred. During puerperal sepsis he had washed the uterus and kept a glass drain in it. When this condition arose he thought it an extension of the trouble to the tube from the

uterus. He packed the uterus with gauze and the next morning the mass was gone, the temperature normal and the woman recovered.

Dr. Glasgow said the tube should not touch the fundus, and should extend to os externum uteri. He thought this case opened up a subject germane to the discussion—namely, what treatment should they give to cases of pus tubes in pregnancy? It was known that a woman could have her menses during pregnancy, and if that was possible, there was no reason why the infection could not go up into the other tube. He believed they should remove such a pus tube every time. He had operated on a woman three and a half months pregnant and removed both tubes without any trouble following. The danger to a woman with a pus tube was greater than the danger from the operation. He recalled a case where a woman had a most severe peritonitis from a ruptured pus tube following a miscarriage, though there had been no pressure there at the time. She recovered, and there was absolutely no trace afterward. Every case of pyosalpinx where pregnancy existed should be operated upon.

Dr. W. G. Moore thought it likely that extremely few cases of pyosalpinx were co-existent with pregnancy. Many cases of puerperal pyosalpinx were probably due not so much to pre-existing disease as to intra or post-partum infection, so it was hard to formulate any rule—first, because it was extremely rare, and secondly, because, in view of the cases reported, the diagnosis had been made post partum.

Dr. Elbrecht thought Dr. Glasgow had answered the question as to the advisability of operating in these cases, when there was a certainty that the pus tube was present, as he had recited one case operated upon successfully by him while the patient was pregnant. These cases were probably not so rare as was thought. If they were old pus tubes with thick adhesions, there was little or no danger of their complicating delivery. In the case that he had had, in which the pus tube had ruptured, the only reason he could see for its rupture was that it was one of the thin walled variety. They all knew that the process of involution would help to cure these cases by the fatty degeneration and absorption following labor. A certain percentage were cured, and he did not believe they were justified in operating unless the symptoms were alarming. Unless there were symptoms of acute pyosalpinx, they should not operate, as it seemed to him unjustifiable, as there was a possibility of stimulating contraction of the uterus by the trauma produced. When operating as far away as the ovary there was not so much danger.

Dr. Glasgow said that in this case he had gouged up* a portion of the uterine tissue and sewed it up again. He had never injured a uterus as much as he did in that operation.

Dr. Saunders said he had not made up his mind as to the wisdom of operating on these pus tubes during gestation. He had advised operation on a small ovarian tumor. The patient got along very nicely, went home, and in about a month she miscarried.

MEDICAL EXPERT TESTIMONY.*

BY R. B. H. GRADWOHL, M. D., St. Louis

I have recently detailed the history of a medico-legal case in a paper read before the Medical Society of City Hospital Alumni.† In this case, the great glaring fault in our present system of medical expert testimony was developed to a startling degree, *i. e.*, the system of employment of experts so that they become partisans or medical advocates, each pleading his side before the bar of justice, just as does the legal advocate. There may be a field for the medical advocate, but certainly, strictly speaking, there should exist a non-partisan medical expert, untrammelled, independent, both in his employment and in his thoughts and ideas. It is almost impossible nowadays for a medical expert, be he ever so honest, to give perfectly unbiased, and at the same time effective testimony. The partisan character of his employment militates against him. He unconsciously feels that he must develop only those points favorable to his clients. He usually becomes a medical advocate instead of a medical witness. The facts on the other side of the case, as a rule, are not his to compare with the facts on his own side. Consequently, he often starts out on false premises and ends with wrong conclusions.

There was once a time when medical expert testimony in the court of our country possessed almost judicial weight. That time no longer exists. As Wharton, in his work on Evi-

dence, said: "When expert testimony was first introduced, it was regarded with great respect. An expert was viewed as a representative of a science of which he was a professor, giving impartially its conclusions.

Two conditions have combined to produce a material change in this relation. In the first place it has been discovered that no expert, no matter how learned and incorruptible, speaks for his science as a whole. Few specialties are so small as not to be torn by factions, and often the smaller the specialty, the bitterer and more inflaming and distorting are the animosities by which these factions are possessed. . . . "*Nihil tam absurdo,*" which being literally translated means that there is nothing so absurd that the philosophers won't say it. In the second place, the retaining of experts by a fee proportioned to the importance of their testimony is now as customary as is the retaining of lawyers. No court would take as testimony the sworn statement of the law given by counsel retained on a particular side, for the reason that the most high-minded men are so swayed by an employment of this kind as to lose the power of impartial judgment; and so intense is this conviction that in every civilized community the retention by a judge of presents from suitors visits him not only with disqualification but with disgrace. Hence it is, apart from the partisan part of their opinions, their utterances have lost all judicial authority and are entitled only to the weight which sound and consistent

*Read before the St. Louis Medical Society, May 6, 1905.

† Medical Fortnightly, April 25, 1905.

criticism will award to the testimony itself. In making this criticism, a large allowance must be made for the bias necessarily belonging to men retained to advocate a cause, who speak not as to fact but as to opinion and who are selected, on all moot questions, either from their prior advocacy of them, or from their readiness to adopt the opinion to be proved. In this sense we may adopt the strong language of Lord Kenyon, "that skilled experts come with such a bias on their minds to support the cause in which they are embarked that hardly any weight should be given to their evidence."

This opinion of expert testimony is held by most judicial authorities in this country.

We should ask in first order, why should this state of affairs have arisen, this disrepute of the medical witness in court, and *demand* why should it be *allowed* to continue?

Witthaus says that the main reason for the bad repute of the medical expert is the "employment of blatant, ignorant persons, or even persons who do not hesitate to commit plain perjury." Certainly, the honest, competent medical man will give fair testimony to a certain extent, yet human nature is such that no matter how honest one's instincts are, there is often felt the intangible, indefinite, yet positive influence of *employment*. One expert on a certain side knows nothing of the facts of his adversary and consequently cannot scientifically sift out the good from the bad. This might be remedied by a conference of experts before a case goes to trial. In some parts of England, experts

refuse to testify unless there has been such a conference.

Another reason for the present disrepute of expert testimony is the fact that very often men are allowed to qualify in court as experts along certain special lines in which they do not really possess expert qualifications. They may be honest in their primary instincts, but they are ignorant. They are perhaps pitted against men who are really experts; in their zeal and ignorance, they make misstatements and disagree with the other side. Their titles may appear much more high-sounding and elaborate than those of the opposite experts of merit. And it is a matter of common knowledge "that fools rush in where angels fear to tread." The ignorant and misguided expert can always be counted on to make absolute and sweeping statements, while his better posted and more conservative adversary will qualify his answers. Thus, it frequently happens that the real expert is apparently overshadowed by another expert who is mentally his inferior.

Responding again to the original proposition by offering a remedy (why should this state of affairs have arisen), we might add that in general a higher standard of medical education is required. The incompetent men, products of the diploma mills, are in abundance. They exist because the diploma mill and "wildcat medical college" is allowed to exist. The irregular schools each year are feeling the noose tightening more securely around their necks. When asphyxiation of these pests will finally have been accomplished then will we have

a natural death of their offspring, the incompetent physician and the incompetent witness. And I wish to emphasize here the point that legal medicine is not taught in our average American medical school. With but few exceptions the course is limited to a few lectures by some prominent member of the bar on "medical jurisprudence." Legal medicine is not medical jurisprudence. Legal medicine is a specialty of medicine. In some schools legal medicine is taught by each specialist devoting a few hours to medical facts coming within his particular field, *i. e.*, the obstetrician teaches his students the signs of abortion, the chemist teaches rudiments of toxicology, the pathologist teaches autopsies, etc. Yet, as Prof. Draper, of Harvard, says in his admirable Text-Book on Legal Medicine, "such a scheme, while plausible, is impracticable. In the nature of the case, it is unfruitful. An instructor gives instruction first and with most zeal in matters which specially interest him. He does not readily turn aside to discuss topics which, however important they may be, are more or less remote from his immediate themes. Moreover, it is evident that there are some things the knowledge of which is essential to a full comprehension of medical jurisprudence, but which are outside any of the ordinary departments of instruction, and should, therefore, have independent treatment. Such topics, for example, as medical evidence in court and the legal relations of physicians to their patients and the community deserve special treatment." Another class believes that if one is well trained in medicine, if he knows his anatomy, his chemistry,

his surgery and midwifery, if he is honest and tells the truth, he need not fear to meet any crisis in court. Forensic medicine, it is declared, is not an independent part of medical science, but a pretender without valid right to recognition. It is asserted that it offers nothing new in medical knowledge, nothing in addition to what is or ought to be within the knowledge of every educated and properly equipped practitioner. That this is an unreasonable position it requires but a moment's reflection to show. The knowledge is the same in general and in forensic medicine, but in the latter it has novel relations and applications out of the common course. "Medical questions," says a high authority, "assume a very different aspect and reflect very novel hues when viewed in the glare of the court of justice from what they do in the mild light of the sickroom or the hospital ward." Germany has the best corps of medical experts in the world, and Germany has the best course on legal medicine in the world. I can quote from the Verzeichniss of the University of Berlin, in the winter semester of 1900-1901, when I was studying there, showing *twelve* different courses on legal medicine. Austria and France vie with Germany in the teaching of legal medicine. And we should have it taught in our schools without delay.

I have pointed out the flaws in our system. What is the remedy? The answer is difficult, yet the query *can* be answered. Mr. Henry Wollman, of the Kansas City bar, in a paper read before the Medico-Legal Society of New York (*Medico-Legal Journal*, March, 1900), suggests the appoint-

ment of a committee of experts by the representative medical society of each district, this committee to serve say for six months of a year. When expert testimony is required in such a district, let the attorneys go to this committee for their experts. Let no member of the society consent to appear in court as an expert witness unless his fellow practitioners have appointed him a member of that committee. This plan appears practicable. Another plan is the appointment by the court or by the governor of each state of a commission of experts. Let these experts be *nominated* by their representative societies. Let them decide matters of expert testimony. Let their fees be paid by the court and the costs afterwards assessed against the side which loses the suit. Let the whole proposition of the *partisan* employment of experts be abolished. It is that partisan spirit which militates against the giving of impartial testimony. It seems contrary to the spirit of Anglo-Saxon law to hope for a system of expert testimony in vogue now in France, Austria and Germany, where the expert is selected by the government on account of special training and qualification. He examines into the medical features of a given case and submits his findings, which are absolutely judicial and admit of no argument. The Cruppi law in France regulated the appointment of experts for the defense in criminal causes. These experts, of course, are well qualified. The French law introduced by Brouardel in 1884 and adopted in 1900 demands a special course of nine months at the Paris University to become a medico-legal expert. The legal physician of Ger-

many must go through a special course and pass the special "physikats-examen" before he is qualified to be appointed. Could we have in this country a special diploma in legal medicine, as proposed by Wyatt Johnstone, of Montreal, we could soon have a special class of men who would be eligible for positions like medical examiners or coroner's physicians. There is a demand for such men. The fact of them possessing a special diploma in legal medicine would well qualify them as experts. They would soon be recognized in court, and their statements would be quasi-judicial, even though other testimony could be introduced. In short, while not possessing officially the absolute dictum-like character of the German or French government expert, they would practically decide the technical medical aspect of a murder charge, relieving the jury of that most arduous, unpleasant and oftentimes impossible task of obtaining an appreciation of the medical points of a case; and yet, withal, Article VI of the amendments to the Constitution of the United States would be held sacred, which demands that "in all criminal prosecutions the accused shall enjoy the right to a speedy and public trial by an impartial jury of the state and district wherein the crime shall have been committed, which district shall have been previously ascertained by law, and to be informed of the nature and cause of the accusation; to be confronted with the witnesses against him; to have compulsory process for obtaining witnesses in his favor, and to have the assistance of counsel for his defense."

DISCUSSION.

Judge O'Neill Ryan had found the paper a very interesting attack upon the present system of expert testimony. All he could say in respect to the matter would be in a general way as the result of his own observation. His experience had been that there was a general dissatisfaction with expert testimony, so was there with some other matters connected with the cause of justice. There were complaints with respect to the delays and with regard to the jury system. Sometimes a man would *ex cathedra*, state that the jury system should be abolished, and that he would rather have the judgment of one good man than of twelve men, but the experience of every judge in the trial of jury cases had proved that to be a wrong idea. Given twelve honest and impartial and intelligent men, and those men given the facts, and the speaker would prefer their judgment on controverted questions of fact to that of the most trained man who ever sat upon the bench. That jury would decide on the facts and not on a question of law as would the trained mind of the court. So with expert testimony. As with all things of common use it was the subject of much abuse, so that the layman would sometimes say: "I would not give a rap for the testimony of the best doctor, or the best scientist, or the best artist ever put in the witness box." That was merely pride of personal opinion. It was often invaluable and often essential to the proper presentation of certain cases, the decision of which rested with the twelve men in the box. His observation as a judge had been that the jury sometimes disregarded

the apparently expert testimony, relying on their own judgment and often the result met with the approval of the court. On the other hand, they sometimes gave great weight to expert testimony, therefore it was important to consider briefly the requisites of expert testimony and the duties of the medical expert. Most often medical expert testimony in civil cases was introduced in support of or in opposition to claims involving personal injuries, and most often in cases generally characterized as neurasthenic. The expert, to begin with, was too often a partisan. Perhaps that was inevitably incident to his employment. It was hard for a man to dissociate himself from the fact that he had been retained by one side. It was to be hoped that he had received a reasonable retainer, and possibly he would expect a liberal refresher, and what the fee result would be would depend upon the outcome of the suit. The consequence was that the man became a partisan. He ought to be impersonal, as it were, in respect to his declaration of his opinion on the facts at issue. Now, the question was, could that object be brought about by the payment of experts selected by the court or by the state? Hardly, for the man who was perfectly expert along certain lines became just as earnest in his desire to bring conviction home to his listeners as the paid employe of one side or the other. Then there was the danger with respect to appointments by the governor of a selection not only not appropriate, but exceedingly unwise, for governors were not endowed with more than human intelligence and judgment, and there would always be

the danger of the selection of men who might not be up to the standard or meet with the approval of such a gathering as here of the St. Louis Medical Society. In certain classes of cases the selection of experts, when needed, might be left to the courts, their fees to be paid by the parties as ordered by the court after the hearing. But they must be paid, of course, by somebody. The ideal expert, though it was impractical of accomplishment, would be the man selected for his particular qualifications to express an opinion, and who would render his services for the glory of the profession, and without an idea of compensation. But how many members of this society, for instance, would be willing for six months to go to court for nothing but the glory and give testimony when called upon by the judge or the lawyer. The thing to be aimed at was to secure experts who, when put upon the stand would recognize the high obligation which a man places upon himself when he undertakes under oath to tell the truth, and to give his opinion in respect to the matter inquired about, whether it helped or hurt the person who might for the time be his employer. There was an obligation upon the expert to give to the court an honest opinion, and to give that opinion in such terms as to make it understood by the twelve ordinarily informed men in the box. The great majority of men learned in medicine or law were men of character, men who valued their work and who rated the honor of their profession far above its emoluments, and until such men were employed it would not be possible to have efficient

experts, no matter how experts were secured or how they were compensated. Physicians were put upon the stand who had been retained by the plaintiff or defendant, usually the defendant, because the defendant was generally a person of means, and were asked questions that had doubtless been put to them in the privacy of the office, for no lawyer would put a man on the stand and ask him a question without knowing what the answer would be. Those questions the witness would answer favorably to the inquirer. Then would come questions put by the counsel on the other side, and to the credit of the profession the answer had often been not only helpful to the other side, but destructive to the case which the expert was employed to uphold. He recalled a case of the kind in which Dr. King, whose memory had been honored here tonight, had testified in a manner that did him honor. He had not seemed to care whether his side won or lost. In fact, from the way he gave his testimony, the speaker would have been at a loss to know whether he was for the plaintiff or the defendant. Again, experts were too prone to be profoundly learned in their speech. They gave forth words of great learning and a thundering sound, and one didn't know whether they were talking about the milky way or neurasthenia. He had seen in a legal journal recently one such answer that illustrated the point. It was a damage suit. A horse's hoof had struck some chap on the cranium with extraordinary results, so far as damages were concerned. The lawyer asked the witness, a physician,

what the result had been so far as the injured person was concerned, and this was the reply:

"Anterior to the right parietal eminence, running parallel with the coronary suture into the squamous portion of the temporal bone, there is fracture of the bone as long and as wide as the finger. Its edges run parallel to each other and are slightly arched with the convexity posterior; the anterior is sharp, the posterior depressed. On the inner surface of the skull the vitreous table is detached and the dura mater lacerated. In addition, there was found between the latter and the internal meninges a thick layer of recent blood coagula."

What could that jury understand from that answer? The man most profoundly learned was the man who could make his knowledge luminously clear to the men who did not possess similar technical learning. Answers analogous to the one quoted were sometimes given to the simplest question. If a man was cross-eyed it was spoken of as a case of strabismus. One reason the jury so often disregarded the testimony of the expert, was because it was absolutely impossible for them to understand it. The younger men should be impressed with the necessity, when called upon as experts, to give briefly their opinion, to give it without fear or favor, and to give it so far as possible so clearly that the man who runs may read. Certainly technical words would have to be used occasionally, but generally speaking it was possible to use terms of one kind or another so that the average man would understand them. When those two conditions were present—when it was evident

that the physician would give his honest opinion in respect to the matter involved, and that he would give it in a way that the jury could understand—the opinion would always be given weight by the jury. The character of the man giving the testimony had great weight. When an opinion was given by trained men, honest men, men without mercenary motives, there was no fear or doubt of the plane upon which such expert medical testimony would stand.

Dr. H. J. Scherck wanted to give credit to Judge Bishop for the plan now in operation in St. Louis in regard to the criminal insane. During the past week he had been five times in court and twice before the grand jury. There were a great many cases in which he was called, but he would speak only of the criminal insane, criminals charged with crime in which sanity or insanity might exist. When he had taken charge of his office and found that he would be asked to testify in these cases of men charged with crime he consulted with Judge Taylor, Mr. Bishop and Mr. Hancock, and he had suggested to them a plan which he hoped would become an institution, but which was now in operation entirely informally. This idea had been suggested to Dr. Scherck by his having been subpoenaed in the case of a man charged with murder and the expert's testimony to the effect that the man was insane, the testimony being based on a mere hypothetical question. Since he had laid this plan before the gentlemen mentioned three men had volunteered to help him in his work, Dr. Graves, Dr. Fry and Dr. Schwab. Whenever he suspected that a man in the jail

showed symptoms of mental disturbance he was observed day after day, and the findings and the ultimate result of these findings were placed at the disposal of the court. Since this scheme had been inaugurated they had passed on six. Some of these cases had been clear, some very difficult. He believed this solution, so far as this branch of the subject was concerned, was about as practical as could be hoped for. He was glad to bring it up because it was through Judge Bishop's aid that he had been able to bring it about.

Dr. Robert Barclay said there were a few points in his limited experience that seemed to throw some light on the matter. He did not think the case was quite as bad as painted by the essayist of the evening. He thought the trouble was that there was defective medical education along this line. There were a few points misunderstood by many men when called to the witness stand. First, that they were called to testify *ex parte*. The suggestion that certain men should be trained to be professional witnesses he did not approve in the slightest. Men could become experts from their study and experience only, and they could be selected to testify as experts from their reputation for skill and sincerity without previous training to testify in courts of justice. A man was just as competent to express an opinion in a court of justice as in his private relations.

Two facts which should be remembered usually had not been borne in mind by medical witnesses: First, that they are called to assist the court in getting at the truth. Their ability to render that assistance depended,

first, upon their competency as expert witnesses; next, upon their sincerity as witnesses. If the question of compensation were settled in advance, they are able to say of themselves: "My fee is settled; I am not retained by either side; personally, I am not interested in the verdict." And if his fee has been commensurate with his ability, his sincerity will not be questioned. His competence as a witness will, of course, have to be determined by the court. Dr. Barclay was surprised that a man who had only seen two cases would be allowed to qualify and testify as an expert. No intelligent attorney would want to put such a man on the witness stand as an expert, nor one who was untruthful or incompetent as an observer. Medical experts are not called as advocates or as judges; they are called merely as a part of the machinery necessary to get at the truth. And Dr. Barclay did not believe that any attorney would knowingly employ as an expert witness one whom he did not believe to be truthful. As to the technical way in which doctors testify on the witness stand, he explained that physicians were taught by the lawyers not to confound their inferences with the facts they had observed; consequently, they should not say that a man had typhoid fever or suppurative otitis media. They should only tell what phenomena they saw, and what was there. Then when the question might be asked what was the matter with the man? they might give the diagnosis in a term, as an inference. But that was another proposition. Those technical terms must necessarily be used by experts to avoid verbose, confusing periphrases.

Lawyers frequently tried to bully the doctors out of the use of technical terms, but since these have an exact technical meaning, a meaning which is circumscribed, their use by experts upon the witness stand could not and should not be avoided.

Dr. W. B. Outten was very much interested in the subject of expert testimony. In his younger days seeing so much that was unjust and wrong he, too, became a reformer like Dr. Gradwohl, and had written upon this subject more than twenty years ago, but after an extended experience of over twenty-six years in courts of law, he deemed himself more competent to judge regarding this subject than in his younger days. He had heard the medical expert testify when he knew that he was wrong, but that he thought for every dishonest expert there would be at least fifty if not a hundred who had striven to testify right.

Regarding the adoption of European methods in this country, it has to be understood that the countries are not comparable as regards their courts of law or as regards their legal system; that in this country we have to depend upon the jury system, and after all that could be said for or against it, the jury system was excellently adapted in a young and thriving country like this. Now, Judge Ryan, spoke about "railway spine," and evidently left the impression that it contained many hidden elements.

In order to see how much confusion existed regarding this subject all that was necessary was to read a history of the subject from its start until the present time. Thus Erickson in 1866

wrote his first book upon this subject under the title of "Railway and other Injuries of the Nervous System," from this work sprang the term "Railway Spine." In 1875 he wrote another work on "Concussion of the Spine," from this book sprang the term "spinal concussion." Now, in the meantime the subject as written by Erickson evoked much discussion all over the world, owing to the influence of Charcot and his pupils; and to the additional fact of a preponderating prevalence of hysteria in France, most of the masked forms of traumatic nerve disorders were claimed by Charcot and his school to be only manifestations of hysteria. Oppenheim in 1889 in a masterly manner described the symptom group of traumatic nerve disorders arising from railway injuries under the name of "traumatic neurosis;" he recognized their close alliance to hysteria and neurasthenia, but general traumatic neurosis was essentially the same as now described under the term "traumatic hysteria" and "traumatic neurasthenia."

Long and continued discussions between the German and French writers finally established traumatic hysteria and traumatic neurasthenia. The general discussions concerning the effects of litigation in "railway spine" evolved the term "Litigation Psychosis." In 1890 Clevenger endeavored to group symptoms under the name of Erickson's Disease. Allan McLane Hamilton in his new work published in 1904 has created a new term named "Accident Aboulia." So that the following synonymous terms exist: "Railway spine," "concussion of the spine," "traumatic hysteria," "trau-

matic neurosis," "traumatic neurasthenia," "litigation psychosis," "Ericksen's disease" and "accident "aboullia."

What wonder, then, that judges, juries and court, get mixed on this subject. Some ten years ago he had written a monograph in Whitthause and Becker's Forensic Medicine, on this subject. Now, concerning Judge Ryan's belief that the medical expert generally aims to be honest and just, he believed the judge's opinion was based upon the fact of an absolute experience as judge in courts of law. There need never be any trouble or unjust criticism where any medical expert simply aims to tell the truth.

Dr. Joseph Grindon felt that this matter was of the greatest importance. In spite of the comforting things they had heard from Dr. Outten and the kind and soothing things said by our legal friends it was a fact that this matter of legal testimony was in a very deplorable condition. This was probably due to its necessarily partisan character. It was to be hoped that something would grow out of the discussion of the evening and that a scheme would be presented later to the society, looking to the appointment of some committee or commission by the court, or some such method as Dr. Barclay had suggested, by which the expert would collect his fee beforehand, the fee not being contingent upon the outcome of the case.

Judge Bishop did not believe physicians were partisan in their testimony more than other people. It was very seldom one could find a witness on the stand absolutely non-partisan. As a judge he had been impressed by the

fact it was almost impossible to get a witness to tell the plain, unbiased truth. He was glad that the suggestion had been made that attention should be paid in the medical schools to this branch of legal medicine. It did not follow because a man had followed his profession five or ten years that he was an expert. A man might be a splendid surgeon or physician, and enjoy honor at the hands of the profession, and yet be incapacitated as an expert. Several years ago he had defended a client charged with murder for poisoning a man with arsenic. A young man, a witness for the state, had gotten on the stand and testified to the effects of arsenic. Judge Bishop asked him, after referring to a toxicology which he held in his hand, if such and such symptoms were always present in cases of arsenic poisoning. The young man replied that they were. After asking a number of similar questions, carefully following the book, and to each of which the young man replied in the affirmative, he then handed the witness the book and asked him the difference between arsenic poisoning and poisoning by tartar emetic, for the symptoms had been those enumerated under poisoning by tartar emetic. He asked the witness if arsenic was a vegetable or a mineral and the reply was that it was of vegetable origin and was made out of bark. He remembered one physician, a very eminent man, who had testified very thoroughly as to the symptoms of strychnine poisoning, and when asked how many cases of strychnine poisoning he had ever seen, he said that this was the second one. He was not, therefore, an expert. Physicians were

used so much in cases, both civil and criminal, that it was a subject which should be well studied in the schools. A man graduating from a medical college should be fitted to go on the stand, to know what he was there for and what would be the general character of his testimony. He ought to be a trained witness in the method of testifying. Dr. Taylor, in his work on expert testimony, had impressed upon the profession the need for this training in legal medicine. Many a man's life depended upon the testimony of the physician. Many a criminal had escaped on the testimony of a physician, but he hoped no man had been unjustly condemned on such evidence. One other suggestion he made from his own experience; he did not believe in the hypothetical question. He did not believe any doctor who had any experience with it believed in the hypothetical question. These questions were prepared by the lawyers based upon what they believed to be the facts in the case, and he had never heard a hypothetical question that seemed to him exactly fair. If the physician sat in the court room during the whole of the trial and could hear all the testimony and size up the witnesses themselves, then he could frame his own judgment just as the jury did. They should hear all the testimony, see the witnesses, form their own judgment and they would be better fitted to testify than when simply called out and asked a hypothetical question. When the ability of the experts was to be determined by the jury, and there were several experts on each side, the jury was apt to say, "These doctors know a whole lot;" then they would count noses,

and if one side had one doctor more than the other they joined the majority.

Dr. L. Bremer, after hearing Dr. Outten's glowing account of the honesty of the expert, felt in honor bound to say a word from his own experience rather disparaging to the honesty of the average expert, though he was sorry to contradict Dr. Outten, who was an old friend of some thirty-six years' standing. Some wise man had said that liars were grouped in three great classes: liars pure and simple, damned liars, and experts. The exhibitions witnessed in courts where experts appear were simply disgraceful. He had been so unfortunate as to have to try to bring his views before a court and jury and his remembrance of the majority of such cases had left a brown bitter taste in his mouth, the taste of disgust. He had come to the conclusion that there were many willful liars in the medical profession as well as in the legal profession. The very nature of the business of an expert was apt to drive one into taking sides. Very frequently it was the aggressiveness and vindictiveness of the opposing counsel that led the physician to try to irritate him. It would take a saint to remain impartial upon such an occasion. It would be many a day before America arrived at a solution that had been arrived at in Europe. Germany was a police regulated country. If a stranger arrived in town, that night the police knew where he was born, where he came from, if he had had the measles and whether he had been vaccinated. Yet even there the system was not perfect. In one case, celebrated and notorious experts, appointed by the government,

inquired into the sanity of a certain count who had murdered his mistress, reported that they found him perfectly normal, but the friends of the count had sent for a noted French psychiatrist, who said, "You may condemn that man, but in two or three years he will be dead of softening of the brain." He was right. It was found that the man was demented and it was while in such an abnormal state he committed the murder. In reference to Dr. Scherck's remarks, he did not think it was at all impossible for the jail physician to make a correct diagnosis as to the mental status of the criminal. If any one did have an opportunity of perfecting himself in the subtleties of such a diagnosis, it was the jail physician. Dr. Priest, a former jail physician, had been a man of great acumen and capable of sizing up the mental status of the criminal. A great many men of wide experience sometimes made mistakes. Very often the policeman was a better diagnostician than the high-falutin psychiatrist. Besides, there rested upon the psychiatrist the suspicion that he was just a little daffy himself. As to the deficiencies in expert testimony, it was not all the fault of the expert. It was the fault of the law-

yer, too. So far as stilted and grotesque technical language was concerned, they could beat the doctor.

Dr. Gradwohl, in closing, said that he had brought this matter up for discussion, not with the idea of reforming the world, as Dr. Outten would have it reformed when he had read his paper before this society twenty-five years ago, but for the purpose of reforming the system of medical expert testimony. Unhappily, Dr. Gradwohl said his limited experience had differed somewhat from the large experience of Dr. Outten in that he had heard gross perjury once committed by a medical witness in a murder case, and he was prepared to prove this assertion by referring to the court record. Dr. Gradwohl said that he did not intend to sweepingly accuse the medical profession of dishonesty in giving testimony, but simply to show to what extremes partisan testimony would lead a witness. And he had intended to show that possibly some means might be instrumental in changing the system which allows and really calls forth partisan testimony. He wanted to go on record against the system and urge the society to enact measures looking towards a betterment.

TRAUMATIC RUPTURE OF THE SPLEEN; SPLENECTOMY; RECOVERY.*

By ROBERT E. SCHLUETER, M. D., of St. Louis.

On February 20, 1905, the writer saw H. H., male, aged fourteen years, at the request of Dr. A. F. Henke.

The following history was elicited:

* Read before the St. Louis Medical Society May 20, 1905.

On the previous evening the patient was coasting on a hill near his home. While descending on his last trip he noticed in front of him a girl on a sled. In order to avoid a collision with the girl he steered his sled to one

side, keeping his eyes fixed on the girl. Suddenly his sled was stopped by a post and he felt a sharp pain in the epigastrium. Patient cannot tell what part of the sled came in contact with his abdomen. Feeling badly, he walked to a bench which was near and rested for awhile. Then he walked to his home, a distance of several hundred feet, and lay on a couch until late in the evening, when Dr. Henke was called. He found the patient pulseless and presenting other symptoms of internal hemorrhage and shock. He had vomited a large quantity of red blood. Appropriate restoratives were applied. By daybreak a pulse could be felt and the patient's general condition had improved materially.

Physical examination at 7:45 A. M. showed a boy of only fair development. Lips pale and facial expression anxious, pulse barely perceptible and fluttering. No external evidence of contusion. Abdomen tympanitic, except over an oval tumor in the hypogastrium (the distended bladder) and in the left hypochondriac region. There a slight relative dullness could be made out. This dullness was more pronounced laterally and posteriorly. The patient complained of tenderness over the whole abdomen. The point of greatest sensitiveness was over the region of the stomach; none over the spleen.

Diagnosis Before Operation: Laceration of the spleen and probable injury to the stomach.

He was removed to St. John's Hospital and the bladder catheterized. About one and one-half pints of normal urine was removed. Immediately his pulse became stronger, and

the patient felt so much relieved that his parents intended to withdraw their consent to an operation. After some delay he was brought to the operating room at 1:55 P. M. Ether anæsthesia was commenced, but the patient took it badly. Then chloroform was substituted with better result. An incision three to four inches in length was made in the median line, midway between the ensiform cartilage and the umbilicus. Some dark fluid blood was seen in the peritoneal cavity. The anterior and posterior surfaces of the stomach were examined. Nothing abnormal was found. Considerable dark liquid blood was noticed in the lesser cavity of the peritoneum. The liver, gall-bladder, colon and small intestine were found uninjured. Around the spleen was found a large blood clot. Of this, as much as possible was scooped out with the hands. The first incision being inadequate, and not permitting free access to the spleen, it was enlarged upward to the xiphoid cartilage, and downward to a little below the navel. The field of operation was now cleansed with several quarts of hot normal salt solution and the lacerated spleen brought to view. While separating a few adhesions anteriorly, the lower segment of a bisected spleen was completely separated. This was laid aside and the other piece searched for and found high up near the diaphragm. No adhesions were observed on this piece. After bringing it down low enough to see the pedicle, large clamp forceps were applied and the remains of the spleen cut away. The stump was transfixed with medium silk and ligated *en masse*. The belly was closed with through-and-through silk worm

gut sutures after more salt solution was poured into it. The patient was returned to bed at 3:10 P. M. Pulse 160, temperature 101.2-5° F.

The post operative treatment was that of an ordinary coeliotomy. The wound healed by primary union. On account of the length of the incision the patient was kept in bed for four weeks. No serious untoward symptoms occurred during convalescence. His temperature did not remain normal until the fourth week.

After the fifth or sixth day he was permitted to eat raw bone-marrow. It was added to his broth and mixed with other foods whenever it was considered palatable. During the second week the lymphatic glands were appreciably enlarged; but, even now, none of them have hypertrophied enough to be noticed, except by palpation.

On March 19th a blood count was made: Erythrocytes, 4,500,000; leucocytes, 16,000. No abnormal cells were found in several stained specimens. Hæmoglobin, 80 per cent. (by Talquist scale).

He is now alive and enjoying good health. The loss of his spleen causes him no apparent inconvenience.

At one time during the operation, a transverse incision at a right angle to the original cut was considered. It was, however, decided that the liability to post-operative hernia would be less by extending the original incision at both ends in the median line. This opening afforded, with forcible upward and outward retraction of the left half of the abdominal wall, a fair access to the injured organ.

In reviewing the literature on the subject I notice that the mortality of

this operation, when it is done for injury, is considerably lower than when it is undertaken for the relief of other pathological conditions. Also that young persons endure a splenectomy better than older ones.

The blood supply to the lower segment was completely destroyed. But for a few weak adhesions it was practically lying loose in the abdominal cavity. The upper half was still attached and no injury to its blood supply was noticed. Bleeding had been spontaneously arrested at its lacerated edge. But the broad surface of this edge especially favored secondary hemorrhage. It is highly probable that an attempt at saving this piece would not have yielded as good a result as did the total extirpation of the organ. Our patient is indeed fortunate that he did not succumb to the primary hemorrhage from such a broad surface. Also that no other abdominal viscera were injured. Most cases show some disagreeable, or even alarming, symptoms during and after convalescence. Weakness, emaciation, thirst and drowsiness have been observed. The administration of extract of sheep's spleen and raw bone-marrow usually relieves this condition. Anæmia and leucocytosis have been reported. Heaton's case (*British Medical Journal*, 1899, August 19th) reports 60,000 white cells per c.m.m. Enlargement of the lymphatic glands is usual after splenectomy.

DISCUSSION.

Dr. W. C. G. Kirchner was particularly struck with the despatch with which he had gotten hold of the case and pursued the proper treatment. Of two cases which he had seen, one

was a man who had been struck in the side with a wagon tongue. He arrived at the hospital in collapse, complaining of a good deal of abdominal pain, but no contusion could be made out, and, being in severe shock, he was simply watched. Dr. Horton, the senior physician, later saw the case, and made a diagnosis of rupture of the spleen, but the patient was too weak for operation. One week later a laparotomy was done. The incision was made in the semilunar line. The spleen was found very soft and almost enucleated. It seemed that the first hemorrhage had been controlled, and after a period of some ten days the clot was absorbed and hemorrhage was re-established. The sec-

ond case was that of a detective who had been shot in the left hypochondriac region. Where the bullet impacted with the spleen there was a stellate fracture, and the greater portion of the spleen was torn away. The patient at first did not suffer from the effects of the shot at all. Later there was a sudden change in his condition. At the time of the operation the abdominal cavity was completely filled with blood. In this case the spleen was removed, but the patient did not live long after the operation. Hemorrhage in both cases was terrific. Both these patients died. It was interesting to note that in Dr. Schleuter's case the spleen was removed through a median incision.

PYOSALPINX—REPORT OF CASE.

BY HENRY ROHLFING, M. D., of St. Louis.

The inflammations found in the pelvic cavity may be due to a variety of causes associated with destructive influences upon one or more organs and adjacent tissues, according to their anatomical relations and physiological function. The organs of reproduction are, perhaps, the common carriers of infection; interferences of their normal function, or agents of irritating character, producing circulatory disturbances, thereby preparing the tissue for ready inception of specific bacteria.

The case I wish to present concerns a patient thirty-two years of age, married about seven years, never given birth to children, good family history, regular menstruation, never

was pregnant; was regularly treated by a physician for a leucorrhoeal discharge, both locally and constitutionally, without a cure. When patient presented herself she still complained of a profuse yellowish discharge; painful urination. A douche of permanganate potash was used twice daily for some time, to control the discharge, but no effect produced; patient began to have elevations of temperature, complained of deep-seated pain, a chill making its appearance.

Bimanual examination very painful; doughy swelling bulging on the left side of cervix. A speculum was placed in position and a free incision made, evacuating quite a quantity of pus; gauze drainage. Temperature fell within a few hours and pain less

*Read before the St. Louis Obstetrical and Gynecological Society, May 11, 1905.

severe, making her condition more tolerable. The pus discharges kept up for some time, the gauze strips frequently renewed; hot vaginal douches of bichloride sol. 1-4000. This procedure was continued for some ten days, and abscess cavity became smaller, finally closing. Patient felt very much relieved, free from pain and fever, appetite improved; her strength returning, she was allowed to get up and walk about.

Some two weeks later vaginal discharges again made their appearance together with deep-seated pains; the speculum was again placed in position and uterus seized by forceps, but appeared to be fixed; not able to draw it down. This maneuver caused a free discharge of a muco-purulent secretion from the os uteri. Making a number of cover-glass examinations, gonococci were readily found. Bimanual examination indicating a doughy swelling higher up and induration at site of old abscess, it was hard to determine any well defined tumor. On account of pain and continual suffering, patient yielded to abdominal section. After opening the abdomen, adhesions became troublesome, distorting the anatomical position of the pelvic organs. Carefully separating with fingers, a mass well circumscribed and elongated was brought up into the wound, proving to be an enlarged tube and degenerated ovary. In attempting to remove the tube, rupture occurred, evacuating a quantity of pus, which was dipped out by dry gauze sponges, and the tube readily removed after proper ligation. In introducing the hand for the second time, the right tube was found abnormally displaced

backwards, posteriorly to uterus. This was removed with less difficulty. Carefully wiping out the pelvic space with dry gauze sponges, the abdominal wound was closed, leaving a gauze drainage at the lower angle of the wound. The patient recovered without complications, leaving the hospital after three weeks.

The specimens removed were hardened in 5 per cent. of formaldehyde solution. The left tube was very tortuous and much thickened, measuring about six inches by one inch at the widest diameter; the right tube was about four inches in length, thickened and tortuous, the fimbriated extremities atrophied, partially absorbed.

Microscopical sections were made from different portions of the tubes, also from the left ovary, with the following results: The external fibrous sheath hyperplastic, as also the muscular coat dilation of the blood vessels engorged with leucocytes; parenchymatose hæmorrhage within the outer sheath of fibrous tissue extending into the muscular tunic; the mucous membrane was devoid of the ciliated columnar epithelium, free infiltration of leucocytes throughout; towards the lumen numerous granular epithelial cells, ovoid in shape, termed by some authors as mast cell (literally feeding cell), by Ehrlich generally found in chronic inflammations. I was unable to demonstrate the gonococci within the tissues or mucous membrane. The gross macroscopical appearance fails to show a flattening of the mucous membrane with dilatation of the lumen, but rather a general hyperplasia; therefore the term salpingitis appears to

be more appropriate than pyosalpinx (pus tube).

It will be noticed from the description of this case that a strict anatomical classification as described by Luschka, dividing the pelvic cavity into three divisions (peritoneal, subperitoneal, or parametrium and subcutaneous), cannot well be applied as to distinct and separate pathological findings. For example, the subperitoneal cavity or parametrium, with all its loose connective tissue and fat, containing numerous arteries, veins, lymphatics and nerves, is more prone to inflammatory troubles than through the channels of the uterus and appendages, causing inflammations within the peritoneal cavity. Some authors claim that the tubes when diseased in marked cases of pyosalpinx, produce secondary results in the parametrium by contact infiltration to the neighboring tissue. Emmet and others claim that the parametrium in its diseased state produces secondary results in the uterus and appendages.

Apart from the lesions incident to the puerperal state, I believe that the parametrium may become affected as a complication to salpingitis; that gonorrhoeal endometritis may exert its influence in the direction of the parametrium and tubes at the same time. It is generally conceded by all authorities that gonorrhoea is, perhaps, the most frequent cause of pyosalpinx. At the present day patients are better instructed as to the necessity of early and careful examination, and the chronic cases that present themselves must become less in number. I think examinations microscopically in cases of vaginitis and

endometritis in their acute stages, will prevent the disastrous complications known generally under pelvic cellulitis.

The most frequent cause of salpingitis being gonorrhoea, there are many cases of salpingitis, ovaritis and pelvic-cellulitis due to hygienic influences; therefore I wish to prevent the possible error in saying where salpingitis is present, that gonorrhoea preceded same; this is by no means proven. In the case presented the discharge contained gonococci, but none of the tissues removed by operation showed any present specific germs; the ravages of the disease prevent further parasitic influence of the gonococci on the tissues.

DISCUSSION.

Dr. C. H. Dixon wanted to know whether Dr. Rohlfsing thought the temperature was due to the refilling of the left tube or to the trouble in the right tube? In all cases of pyosalpingitis it was recommended to remove both tubes even if only one was apparently affected, as long as there was a discharge from the uterus; for if but one was removed, the infection would likely extend and affect the other tube.

Dr. O. H. Elbrecht always stripped the tube to see if there was any pus there. The fact that the gonococci were found in the vaginal secretions and not in the tubes, was not unusual. Possibly he had punctured the right ligament and got the abscess in that way. In these chronic salpingitis cases, as a rule, the pus was very creamy and the gonococci were not usually found. It had been his experience at the Female Hospital that

the leucocyte count in chronic cases was low; in the acute stage, or where the pathology was progressive, the leucocyte count might be 15,000 to 20,000, and in a very acute attack the leucocyte count might be as high as 25,000 to 30,000. When the infection was so progressive that the body could not cope with it, then the leucocyte count was also low, if it was dammed off nicely. The absence of a high leucocytosis did not indicate absence of pus. He asked Dr. Rohlfing if the omentum or intestines were adherent, and was told that the intestines were. He had found that the omentum usually loosened up after the condition had been there six months or so.

The president said that in some old cases he had seen about fifteen years ago, he had liberated the pus through a vaginal incision. Instead of using gauze drainage, he had used double rubber tubing. He irrigated the pus cavities every day for a week or two, and the patients had been well since and had required no further treatment.

Dr. Elbrecht said that the only case where he had done a colpotomy was brought to the hospital by a physician who had ruptured one of the pus tubes by examination. Peritonitis was beginning, so he had gone right in to the cul-de-sac and brought down the tubes. He considered this a very temporary procedure for relief, as it usually brought on more trouble later. It only resulted in another serious infection, and gave the adhesions a chance to progress. Instead of tying them off with silk, as was usually done, he had been in the habit of making an elliptical incision

around the tube to cut out the cornu in the shape of a wedge, and then closed the wound with catgut. He had had occasion in two cases to go in after the other tube, and thus saw the result of his first operation. He used to be more conservative about leaving the second tube, for one case came back pregnant, which made him consider thus justifiable at times. If the wound was sewed over after taking the tube off, no adhesions would result, and the wound, when healed, would be comparatively smooth. Unless it was cut out thoroughly and the peritoneal surfaces sewed together, the adhesions following would be thick at that point.

Dr. Frank Glasgow said that his own method was to enucleate the tubes and burn them off as close as possible to the entrance to the uterus, and then cover over. He went on the theory that tying it off was irrational. Years ago he had found two or three cases where a little knot formed on the outside, which led him to consider it irrational. By this method adhesions were avoided, and also the possibility of re-formation of a pus sac. This was a most beautiful specimen of salpingitis in contradistinction to pyosalpinx. As to the difference between the two in life, it would be quite impossible to distinguish.

Dr. Elbrecht believed that method would be obsolete in a few years. For the time being it sterilized the wound but a deeper wound resulted, and one never knew whether he had reached the real depths. Often only the superficial elements were affected, and the divested area made an excellent culture medium. When it was cut out re-

covery was more speedy, for nothing healed quicker than peritoneum. The incision must be at least half an inch deep. He had been doing that recently in hysterectomies in the disposing of the cervical mucosa, and the peritoneum came together beautifully.

Dr. Glasgow thought Dr. Elbrecht was not quite correct. If he cut the pus tube across, no matter where, he would let the pus out of there. The object in using the cautery was to prevent that. He would leave some pus in that tube near the ligature, anyhow, and it was better to leave charred tissue there than pus. He did this in the removal of the uterus, invariably. He cut all around the cervical canal and then had the cautery ready and went right down into the canal. In that way no septic matter could get out of the cervical canal, so he had never had any trouble. One ought to save the peritoneal cavity from possible infection.

Dr. Elbrecht replied that the peritoneum would come together any way, whether there was any pus there or not.

Dr. Glasgow insisted that he didn't want any pus there. Dr. Elbrecht saying that they couldn't help having it there. Dr. Glasgow added that there was no reason for having it there if they burned the tube off, thus sterilizing it perfectly.

Dr. H. S. Crossen said the recurrence of symptoms after draining of a tubal abscess through the vaginal incision, was usually due to trouble in the other tube. In this case he was inclined to think that it was involvement of the second tube.

Dr. Elbrecht said that what threw

him off was the same degree of hyperplasia in both walls.

Dr. Crossen replied that it would be quite possible to get that degree of tubal thickening in a month. He would not say that was a chronic pus tube without a microscopic examination. The history given pointed more to an acute or sub-acute trouble.

Dr. Rohlfling said that he had stated in his paper that he believed all these conditions took place simultaneously. It had not been possible to demonstrate any marked tumor on examination. He had found the right tube behind the uterus. The adhesions were very marked. There was no history of any acute infection.

Dr. Crossen believed that parametritic abscesses from these cases were very rare. Of course, if the collection of pus was far to one side, or if on doing an operation thoroughly, there was found a pus cavity beneath the layer of the broad ligament, that would settle the matter. A discussion of this as a case of chronic salpingitis was hardly permissible in view of the short duration of the trouble as indicated by the history given.

Dr. Rohlfling said there was an induration at the old site, showing that something was there formerly. The question was, did this parametritic abscess exist at the same time, and was it caused from the same source?

Dr. Glasgow did not see why it was absolutely necessary for the abscess to depend upon those tubes. Those tubes looked as if they were the product of months or years of inflammation. The condition of the inside of the tubes would contraindicate the presence of an active variety of infection.

Dr. Elbrecht said he had seen patients who had gone about for a year or two, or longer, and the history in itself did not indicate much trouble, but the lesions that were found were very alarming. The history of complaint did not amount to anything, as

about 50 per cent. of the women who had pus tubes did not know it until months afterward.

Dr. Glasgow said that the time when they had pain was shortly after the infection, during distention, and then it would subside.

THE STATUS OF ORGANIZATION IN MISSOURI.

By J. N. McCORMACK, M. D.,

Chairman of the Committee on Organization of the American Medical Association.

In making an extended itinerary in Missouri, carefully planned by the council and covering every geographical division of the state, an opportunity was given for a close study of professional affairs and the causal conditions producing and modifying them. In a state with practically unlimited agricultural and mineral wealth, with a total population of 3,500,000, over 6,000 physicians and with soil, products and material development as varied as it is possible to imagine, problems were presented in medical sociology as complex and interesting as those found in any other state I have visited.

There is a sense in which Missouri is a newer state than the bare facts of its history would indicate. It is only in recent years, comparatively, that its great natural wealth has been fully understood, and since then the development has been by leaps and bounds. The medical profession has had its full share of this growth, as indicated by the abundant representation in it from every section and country, and the over-supply of medical schools within its own borders. The proper assimilation of such a rapidly accumulating and diverse professional ma-

terial would have been difficult under any circumstances, and but little effort was made in this direction. Two years ago the state association had but two hundred and fifty-eight members, less than 4 per cent. of the medical population, and but fourteen of the one hundred and fourteen counties had even nominal local societies. It is true that there were a number of district societies overlapping each other in every direction, but in most of them the active membership was small, the meetings infrequent and neither they nor the state body could claim to be representative of the profession, and they did not exert, or seriously attempt to exert, any great influence upon its rank and file.

The results of these conditions were reflected in all professional affairs, but were most evident in regard to legislation and its enforcement. Fads and isms sprung up and flourished as they have not been able to do elsewhere, while the ordinary forms of quackery became more firmly entrenched and were more brazen and blatant than in any other state in the union, except it be in Illinois.

Within two years after the adoption of the new plan of organization the

membership in the state association grew to sixteen hundred, seventy county societies had been established and, on the surface, the progress seemed great. Upon investigation, however, it was found that most of these societies had little existence except upon paper, that few of the officers and councilors appreciated the responsibilities of their positions, the feeling seeming to be general that in some way the scheme would work itself out without special effort upon the part of these leaders. It is true that the president, secretary, chairman of the council and a few of the individual councilors had done good work in a desultory sort of way, but others had done nothing, and there had been little of the systematic, comprehensive planning and effort which will have to be made before the profession of Missouri is organized.

I have been in no other state where the profession was more responsive to appeals for the new order of things, and with proper effort it would be comparatively easy, within the next few years, to build up real, vital, scientific and business organizations which could be made helpful to each member in his every-day work, as is contemplated under the new plan, in almost every county in the state. This will require a careful study and treatment of the conditions in each county by the councilor. In this connection it may not be improper for me to say that the impression was made upon me that the initiative of the individual councilors was not being relied upon and developed here as in other states, where the work is being done

more successfully. This was well illustrated in the arrangements for the meetings called in my itinerary. The notices were sent from the secretary's office alone, where they should have been at least supplemented by letters from the individual councilors, making him, and he in turn making his county society officers, responsible for the success or failure of the meeting. The association officers, and the council as a body, should do more rather than less, but the execution of their orders should be more and more through the councilors, those being dropped or asked to resign who are not found equal to the tasks set for them. This is what organization means. To bring it all about will require much careful thought and self-sacrificing labor, but Missouri is so ripe for the work and the returns to its profession and people would be so great, that it is worth all of these and more.

In Kansas City, Sedalia, Jefferson City and probably other points not visited by me there are now fairly effective organizations, and good material for similar ones were found almost everywhere. The leaders of the profession impressed me upon this trip, as they always have heretofore, as equal to those of any other state or section, and it is urged that they can, should and will unite and persist in this great work until it is accomplished. It is this hope and belief, and because I know that they will be received in the kindly spirit in which it is done, that these criticisms, which might otherwise seem harsh, are made.

FORTY-EIGHTH ANNUAL MEETING OF THE MISSOURI STATE MEDICAL ASSOCIATION.

HELD IN THE MUSIC HALL AT EXCELSIOR SPRINGS, MAY 16, 17 AND 18, 1905.

MINUTES OF THE HOUSE OF DELEGATES.

FIRST DAY, MAY 16, 1905,

MORNING SESSION.

The House of Delegates was called to order by the president, Dr. Jabez N. Jackson, at 10:45 A. M.

The secretary read the roll call, the following members responding:

Adair county, E. C. Grim; Audrain, E. S. Cave; Barton, T. H. Duckett; Bates, E. N. Chastain; Benton, S. O. Davis; Boone, Woodson Moss; Buchanan, O. H. Campbell; Butler, W. E. Highfill; Caldwell, C. C. Leeper; Cape Girardeau, J. D. Porterfield, Jr.; Carroll, G. R. Highsmith; Cass, M. P. Overholser; Chariton, J. D. Brummall; Clark, W. B. Sisson; Clay, H. Rowell; Clinton, R. W. Rea; Cooper, P. E. Williams; Daviess, W. L. Brosius; Dunklin, Van H. Bond; Franklin, A. L. McNay; Gasconade-Maries-Osage, J. H. Ferrell; Grundy, W. H. Addington; Henry, Wm. H. Gibbins; Holt, Ira Williams; Howard, U. S. Wright; Jackson, E. H. Thrailkill, E. L. Chambliss, H. E. Pearce, F. L. Cook, W. J. Frick; Lafayette, C. P. Ryland; Linn, Robert Haley; Livingston, Geo. W. Hutchinson; Marion, Thos. Chowning; Miller, W. S. Allee; Moniteau, J. P. Burke; Monroe, H. G. Shobe; Nodaway, E. L. Crowson; Pemiscot, Paul Tipton; Pettis, W. J. Ferguson; Phelps, S. L. Baysinger; Pike, M. O. Biggs; Platte, S. Redman; Pulaski, G. W. Orrick; Ralls, T. J. Downing;

Ray, L. D. Greene; Saline, D. C. Gore; St. Charles, B. P. Wentker; St. Louis city, V. P. Blair, W. B. Dorsett, R. M. Funkhouser, A. R. Kieffer, F. J. Lutz, W. G. Moore; Schuyler, W. F. Mitchell; Stoddard, T. C. Allen; Vernon, G. B. Todd; Warren, E. A. Fluesmeier.

On motion of Dr. F. J. Lutz, the reading of the minutes of previous meeting was dispensed with excepting those abstracts pertaining to unfinished business.

The secretary read that section of the minutes referring to the publication of the proceedings in journal form.

At the request of Dr. Lutz the secretary read the resolution on appropriations.

The secretary also read the resolution on the importance of legislation by the General Assembly relative to provision for the care and treatment of consumptive persons.

The minutes were approved.

Moved by Dr. J. D. Seba, of Bland, seconded by Dr. Woodson Moss, Columbia, that a committee be appointed to consider necessary changes in the constitution and by-laws.

The secretary read the report of the Committee on Scientific Communications (see page 49).

On motion the report was received and adopted.

The report of the Publication Com-

mittee was read and adopted (see page 50).

The secretary read his report (see page 45).

Dr. Burke, of Moniteau county, asked the House to define his position in view of the fact that the treasurer had failed to receive the dues from the local organization, which dues, however, had been paid into the hands of the proper authority of the local society in December.

Dr. Ferguson, of Pettis county, called attention to the fact that the number of meetings, and the number of scientific communications presented at the meetings of the Pettis County Medical Society had not been mentioned in the secretary's report.

On motion of Dr. Woodson Moss, of Columbia, the matter of adjusting these corrections was placed in the hands of the secretary, treasurer and president.

On motion of Dr. Gore, the secretary's report, with corrections, was received and adopted and the thanks of the association tendered to the secretary.

On motion adjourned to 2 o'clock.

AFTERNOON SESSION.

The House of Delegates was called to order at 2 o'clock, by the president.

The chairman of the Committee of Arrangements reported that ample accommodations had been provided for the meeting of the association and invited the members to attend the banquet at the Benton Hotel at 8:30 P. M., Wednesday, when the president's address would be delivered.

On motion the report was accepted and the thanks of the association

tendered the Committee of Arrangements.

The secretary presented a letter from Dr. McCormack, of the American Medical Association, with reference to his recent visit to Missouri.

The secretary read a letter from the secretary of the Crawford County Society. The communication was referred to the Judicial Council.

The president announced the names of the Committee on Amendments to Constitution and By-Laws, as follows:

Frank J. Lutz, St. Louis; Woodson Moss, Columbia; Herman E. Pearse, Kansas City; M. P. Overholser, Harrisonville; O. B. Campbell, St. Joseph.

The report of the Committee on Public Policy and Legislation was made by Dr. F. J. Lutz. On motion the report was accepted.

Dr. Woodson Moss moved that the president be added to the Committee on Amendments to Constitution and By-Laws. Seconded and carried.

Dr. O. B. Campbell moved that the Committee on Scientific Communications be made by nominations from the floor. Seconded and carried.

It was moved by Dr. J. D. Seba that the Committee on Scientific Communications, before publishing the program, should present the same to the president of the association for his approval. Motion lost.

The Committee on Scientific Communications was elected as follows: The Secretary, C. M. Nicholson, chairman *ex-officio*, E. L. Chambliss, Kansas City, and A. R. Kieffer, St. Louis.

On motion of Dr. D. C. Gore, of Marshall, a committee of three was appointed by the chair to select a

Nominating Committee. The president appointed D. C. Gore, Saline County, M. P. Overholser, Cass county, O. B. Campbell, Buchanan county.

The House proceeded to elect the Committee on Public Policy and Legislation with the following result: F. J. Lutz, St. Louis; W. S. Allee, Olean; Herman E. Pearse, Kansas City.

The terms of Jabez N. Jackson and W. B. Dorsett, delegates to the American Medical Association having expired, they were, on motion, reelected.

On motion of Dr. Kieffer alternate delegates to the American Medical Association were elected as follows: J. D. Griffith of Kansas City; W. S. Allee of Olean.

Dr. Pearse for the Committee on Public Policy and Legislation asked for instructions.

Dr. Thrailkill, Kansas City, moved that the committee be instructed to recommend to the governor appointments for the State Board of Health. Motion lost.

Dr. J. D. Brummall moved that the committee be empowered to inaugurate such legislation as it might think fit which, after approval by the society, they should endeavor to carry through. Seconded and carried.

Dr. W. G. Moore presented the following motion: That it is the sense of this society that each package of medicine sold or given away in the state of Missouri bear a label on it expressing its exact contents, liquid or solid. Seconded and carried.

Moved by Dr. Funkhouser that the Committee on Public Policy and Legislation be authorized to consider the framing of a bill, to be introduced at

the next legislature, to determine who shall be competent to serve as experts and such other matter which may appertain to the subject of expert testimony. Seconded and carried.

On motion the house took up the consideration of the next place of meeting.

An invitation to visit Jefferson City in 1906 was read.

On motion of Dr. Moss, of Columbia, Jefferson City was nominated.

On motion of Dr. Allee, of Olean, the invitation of Jefferson City was accepted.

The committee appointed to select a nominating committee reported as follows:

F. J. Lutz, O. B. Campbell, J. D. Brummall, Thomas Chowning, W. G. Moore, W. J. Ferguson, W. B. Dorsett, E. H. Thrailkill, R. L. Johnson, J. L. Thorpe.

On motion, adjourned to 8 P. M.

EVENING SESSION.

The House was called to order by the president at 8:30 P. M.

The president introduced Dr. Bowers of Wichita, Kansas, president of the Kansas State Medical Association.

On motion of Dr. J. D. Seba, of Bland, the secretary was instructed to send a telegram of congratulations and good wishes to the secretary of the Illinois State Medical Association.

The secretary made a partial report of the work of the Judicial Council, reading the resolution passed by that body relative to the payment of dues by local societies.

On motion, adjourned to meet Wednesday morning at 8:30.

SECOND DAY, MAY 17, 1905.

MORNING SESSION.

The House was called to order by the president at 9 o'clock.

The chairman of the Judicial Council presented the report of the Council.

On motion, the report was adopted.

Dr. V. P. Blair called attention to the fact that the St. Louis Medical Society did not have an accurate representation in the House, owing to the fact that about one hundred members pay their dues after the first of April, when the roster was made up for the State Association and upon which the representation was based. He offered a resolution whereby the St. Louis Medical Society would be allowed a representation on the basis of the entire membership at the time of the meeting of the State Association.

Seconded by Dr. D. C. Gore.

Motion lost.

The secretary said it was not a question of whether the money was paid before or after the annual meeting. According to the action of the Judicial Council, the State Association must be paid for every member paying dues into the St. Louis Medical Society or other local society, the amount being forwarded by the local society to the State Association. He offered a motion to the effect that prior to the annual meeting every affiliated society report to the State Association every member who has paid dues, and forward the full amount of dues; and for every member who pays after the annual meeting dues be at once forwarded to the State Association.

Dr. Dorsett, St. Louis, asked if

that meant that the money must be paid by the first of January.

Dr. Nicholson said it meant that the dues must be paid as soon as members pay the local society.

Motion seconded and carried.

The president stated that this motion merely provided that if a man was in arrears, and that man should pay say five days after the first day of April, the secretary of his society should forward the amount to the State Association; the delinquent member would then be entitled to membership in the State Association.

The president read a communication from the leader of the Excelsior Springs Choral Club, inviting the Association to a musicale to be given that afternoon.

On motion, the thanks of the Association were tendered the choral club, with the request that the entertainment be given at 7:30 in the evening.

The secretary announced that a telegram had been sent to the Illinois State Medical Association extending fraternal greetings and wishing them a successful meeting.

On motion, adjourned to meet Thursday morning at 8:30.

THIRD DAY, MAY 18, 1905,

MORNING SESSION.

The House was called to order by the president at 8:45 A. M.

The Auditing Committee reported as follows:

We, the undersigned committee appointed to audit the accounts of Dr. J. F. Welch, treasurer of the Missouri State Medical Association, beg leave to submit the following report, this report dating from January 1, 1904, to May 15, 1905:

Balance on hand January 1, 1904... \$770 75
 Since collected 5,953 20

Total on hand with receipts... \$6,723 95
 Disbursements from Jan. 1st to date 2,589 94

Balance in treasury \$4,134.01

(Signed) FRANK B. HILLER,
 J. D. BRUMMALL,
 M. P. OVERHOLSER,
 Auditing Committee.

On motion the report of the committee was received and adopted.

Dr. E. A. Donelan, of St. Joseph, presented the following resolution:

"Whereas, It is the duty of medical societies and boards of health to take an interest in arresting the spread of disease, and

"Whereas, There are many cases of incipient consumption in our public schools, also parochial and private schools, that are not detected in the first stage of the disease by superintendent, principal or teachers; therefore, be it

"Resolved, That the school boards of all our cities appoint medical examiners to visit the schools and examine all children who are not in good health and, where necessary, send them to their family physicians for treatment; be it further

"Resolved, That this convention favor the establishment by the state of a sanitarium for consumptives, where all can be treated who have not the necessary advantages at home."

On motion, the resolution was adopted.

Dr. Wm. Porter, St. Louis, moved that a committee of five be appointed by the chair whose duty it should be to report as a committee of this association to the United States postoffice department such advertisements of

secret and proprietary medicines as seem fraudulent. Seconded and carried.

The president appointed on this committee W. B. Dorsett, St. Louis; Woodson Moss, Columbia; T. F. Lockwood, Butler; E. A. Donelan, St. Joseph; J. D. Seba, Bland.

Dr. Dorsett, on behalf of the three delegates to the American Medical Association, asked for instructions regarding certain matters, and suggested the appointment of a committee to draft resolutions covering the subject matter of Dr. Moore's paper to be presented through the House of Delegates to the American Medical Association.

Moved by Dr. Woodson Moss that the three delegates be instructed to prepare a resolution embodying the sentiments expressed in Dr. Moore's paper. Seconded and carried.

The secretary presented a motion as follows:

Moved that the House of Delegates instruct the Committee on Scientific Work that there be at least two sections at the meeting next year, and

Moved that the House of Delegates instruct the Committee on Scientific Work to request affiliated societies to furnish their pro rata of papers.

The first section of Dr. Nicholson's motion was seconded and carried, with the understanding that this was not to be a permanent arrangement unless it was found satisfactory.

Dr. Woodson Moss moved that the association have two orations, one in medicine and one in surgery, in addition to the president's address. Seconded and carried.

On motion of Dr. Moss, the House of Delegates proceeded to elect the

orators. Dr. W. G. Moore, St. Louis, was elected orator on internal medicine, and Dr. C. H. Wallace, St. Joseph, was elected orator on surgery.

The second section of Dr. Nicholson's motion was then taken up.

Dr. W. S. Allee moved to amend Dr. Nicholson's motion to the effect that the Committee on Scientific Work invite county societies to furnish a list of members who desire to present papers at the annual meeting. Seconded.

The president stated the motion, as amended by Dr. Allee, as follows:

That the chairman of the Committee on Scientific Communications request each affiliated county society in the state, before October 1, 1905, to furnish a list of those members who are to present papers. Seconded and carried.

Dr. Campbell, of St. Joseph, presented the report of the Committee on Amendments to the Constitution and By-Laws:

Changing the by-laws as follows: Section 3, chapter 6, line 7, page xxx, substitute the words "Chairman of the Judicial Council" for the word "President."

Change chapter XIII to chapter XIV.

Insert chapter XIII to read as follows: No official entertainment shall be accepted by this association during its annual sessions.

On motion, the report was adopted.

The secretary announced the receipt of the following telegram from Edmund H. Weiss, secretary of the Illinois State Medical Association:

The Illinois State Medical Society, in convention assembled, salutes its sister organization of Missouri and bids it Godspeed.

(Signed) E. H. WEISS,
Secretary.

The secretary was instructed to send a telegram of good wishes to the secretary of the Iowa State Medical Association.

Dr. Jackson, of Columbia, presented the report of the Committee on Medical Education.

On motion, the report was received and ordered published.

The chairman of the Committee on Nominations announced the names of the vice-presidents, as follows: C. D. Avery, Lincoln county; J. P. Burke, Moniteau county; F. A. Glasgow, St. Louis city; T. F. Lockwood, Bates county; E. Lowrey, Clay county.

On motion, the report of the committee was accepted.

It was moved by Dr. Moss that 3,000 copies of the constitution and by-laws be published in pamphlet form for distribution among the state societies. Seconded and carried.

On motion, adjourned.

MINUTES OF THE JUDICIAL COUNCIL.

TUESDAY, MAY 16TH.

The Judicial Council was called to order at 4:25 P. M., Dr. F. J. Lutz in the chair.

The secretary read the roll call, all the members responding except Dr. Hypes.

The minutes of the previous meeting were read and approved.

The treasurer's report was read and referred to an auditing committee consisting of F. B. Hiller, J. D. Brummall, M. P. Overholser.

Dr. Moss moved that the treasurer's report be published in detail.

Seconded and carried.

The secretary called the attention of the Council to the fact that according to the by-laws dues must be forwarded by each society by the first of April, but after that date additional members were taken into the societies. The secretary asked for information as to what action should be taken in the case of four societies who refused to forward dues for members who had paid after the first of April.

After discussion by Drs. Brummall, Miller, Moss, Dorsett, Wallace and Lutz, Dr. Dorsett presented the following resolution:

Resolved, That each delegate and councillor is hereby instructed to call to the attention of county societies chapter xi of the by-laws, and instruct county societies that dues of \$2 for each member must be paid into the treasury of the state society, whether the payment to the county society is made before or after the first of April.

Motion was seconded and carried.

The chairman of the Council presented his report as follows:

The most important things which have come before the Judicial Council during the past year were, first, the indefinite settlement of the much discussed, but very simple, question concerning the composition of the State Medical Association. The Council is glad to be able to report that the district societies, as component parts of the State Association, have been universally dissolved, and in their stead hyphenated county societies have been established wherever it is supposed that county societies cannot be organized at present. It is interesting to observe how our views have changed in regard to the possibility of creating county societies during the past year. In many instances the supposed impracticability has been readily overcome and flourishing county societies have been established. In this connection the missionary labor performed by Dr. McCormack, under the direction of the American Medical Association, cannot be overestimated, and it is much to be regretted that the time which he could devote to this state was so short and had to be curtailed after the original itinerary had been mapped out.

Although some eighty-four county societies exist throughout the state, many of these are not as yet in working order. County society organization is too young to expect the full fruition of their existence to be observable. Much remains to be done. The organization of the county society is only the beginning of the work

which should be done. The scientific work as well as the discussion of the interests of the physicians resident in the county, the question of their material and professional advancement, their influence in the body politic, are all subjects which should be taken up under proper direction in the county society and should form the object of solicitous care on the part of the councillors.

The division of the state into councillor districts as now constituted is not, in my judgment, the most practical and should be modified in such a way as to make the district assigned to a councillor accessible.

When the Association voted last year to publish a monthly journal, the committee to whom this work was entrusted entered into negotiations with Dr. Otho F. Ball for its publication. The contract which I signed as chairman of the Judicial Council for the Association is hereby submitted as part of this report. In order to enter into this contract it became necessary that the Association have legal existence, and in accordance with your instructions of May 20, 1904, the chairman of the Judicial Council perfected the incorporation of the Association through Mr. Morton Jourdan, who very courteously placed his services at the disposal of the Association gratuitously.

I would suggest that the Association present to him a formal acknowledgment of our appreciation.

On motion, the report was accepted.

Dr. Brummall moved that the Association tender its thanks to the Hon. Morton Jourdan for his kind assistance.

Seconded and carried.

On motion of Dr. Moss, the Council proceeded to consider the matter of redistricting the state.

The chairman advised that the number of districts be increased so that some of the larger ones could be divided into districts more easily looked after.

Dr. F. B. Hiller suggested the advisability of arranging the districts in such manner as to make them accessible by railroad.

After discussion it was decided to postpone action until after the evening session.

Dr. Nicholson moved that the name of the JOURNAL be changed to "THE MISSOURI MEDICAL JOURNAL."

Motion lost.

Motion was made to omit all titles except the superscription, in connection with the names of authors of papers published in the JOURNAL.

Seconded and carried.

It was moved, seconded and carried that the Council forbid the publishing of advertisements in the program of the annual meetings of the association.

On motion, adjourned to meet after the closing session of the House of Delegates.

EVENING SESSION.

The Council was called to order by the chairman, Dr. F. J. Lutz, at 9 P. M.

The redistricting of the state was taken up and the districts arranged as follows:

The first, second, third, fourth and fifth districts were left unchanged.

Sixth District—Audrain, Callaway, Montgomery, Warren, Pike, Boone, Howard, St. Charles.

Seventh—St. Louis, Lincoln.

Eighth—Franklin.

Ninth—Jefferson, Washington, St. Francois, Reynolds, Iron, Perry, St. Genevieve.

Tenth—Mississippi, New Madrid, Wayne, Stoddard, Dunklin, Butler, Ripley, Carter, Pemiscot.

Eleventh—Cape Girardeau, Bollinger, Scott, Madison.

Twelfth—Miller, Morgan, Maries, Cole, Moniteau, Camden, Osage, Gasconade.

Thirteenth—Pettis, Lafayette, Henry, St. Clair, Benton, Saline, Hickory, Cooper.

Fourteenth—Jackson, Cass, Bates, Johnson.

Fifteenth—McDonald, Newton, Jasper, Dade, Barton, Cedar, Vernon.

Sixteenth—Dallas, Crawford, Phelps, Pulaski, Laclede, Dent.

Seventeenth—Greene, Christian, Stone, Barry, Lawrence, Webster, Polk, Taney.

Eighteenth—Ozark, Oregon, Howell, Texas, Wright, Shannon, Douglas.

Moved and seconded that the council recommend to the House of Delegates the subdivision of the state according to the scheme here adopted, and that three new councilors be elected. Carried.

It was moved and seconded that Dr. B. M. Hypes, St. Louis, be assigned to the ninth district. Carried.

On motion Dr. J. D. Porterfield, jr., of Cape Girardeau, was elected councillor for the eleventh district.

On motion Dr. H. C. Shuttee, of Howell county, was elected councillor for the eighteenth district.

Moved, seconded and carried that

the secretary be instructed to confer with Dr. Tefft, of Springfield, as to a suitable councilor for the seventeenth district.

Moved and seconded that the chairman be ordered to visit every county once during the year. Carried.

Dr. Snyder moved to recommend that the House of Delegates elect the new councillors for a period of five years. Seconded and carried.

Reports from the councillors were then called for and submitted. Reports were made by all the councillors except Dr. Hypes, of the ninth district, who was not present. The work done during the past year was reviewed and suggestions made for facilitating the work during the next year.

The secretary reported that a society in the second district had paid dues which had been credited to 1904, though the councillor insisted that said dues were intended for 1905, and asked the wishes of the Council in the matter.

It was moved that in the case of this society the dues apply on the year 1905. Seconded and carried.

The chairman directed attention to the fact that some of the councillors had not presented their bills to the Council for expenses incurred in the work of organizing county societies.

On motion the report of the Auditing Committee was postponed until the following day.

Adjourned to meet Wednesday morning at 8:15.

WEDNESDAY, MAY 17TH.

The Council was called to order at 8:30 by the chairman.

The report of the Auditing Committee was called for, but inasmuch

as the treasurer's report was for the year January 1, 1904, to January 1, 1905, the report was referred back to the committee with instructions to make report up to May 15, 1905.

On motion of Dr. Wallace the Council proceeded to elect three members of the Council as assistants to the secretary, Chairman, ex-officio, of the Publication Committee.

On motion the three councillors from St. Louis, Drs. F. J. Lutz, B. M. Hypes and W. B. Dorsett, were elected to serve on this committee.

On motion the three St. Louis councillors, Drs. Lutz, Hypes and Dorsett, were appointed the Executive Committee of the Judicial Council.

Moved and seconded that Dr. H. C. Shuttee, of West Plains, be recommended to the House of Delegates as councillor for the eighteenth (West Plains) district. Carried.

Moved and seconded that Dr. J. E. Tefft, of Springfield, be recommended to the House of Delegates as councillor for the seventeenth (Springfield) district. Carried.

Councillors were assigned to districts as follows: First district, F. B. Hiller; second, J. D. Brummall; third, E. H. Miller; fourth, C. H. Wallace; fifth, L. W. Dallas; sixth, Woodson Moss; seventh, W. B. Dorsett; eighth, F. J. Lutz; ninth, B. M. Hypes; tenth, J. J. Norwine; eleventh, J. D. Porterfield, jr.; twelfth, W. S. Allee; thirteenth, R. D. Haire; fourteenth, M. P. Overholser; fifteenth, A. R. Snyder; sixteenth, R. L. Johnson; seventeenth, J. E. Tefft; eighteenth, H. C. Shuttee.

On motion the Judicial Council instructed the treasurer to deposit the funds of the association in his home

bank provided the bank would pay 3 per cent. on the daily balance and furnish the association a bond guaranteeing the safety of the funds while in the bank, or, in the event of his inability to make such arrangement, the Judicial Council, through its executive Committee, shall carry out the idea of the Council. The treasurer was instructed to deliver the treasurer's bond to the Chairman of the Judicial Council.

On motion Dr. C. M. Nicholson was re-elected secretary, Dr. E. J. Goodwin assistant secretary, Dr. J. Franklin Welch treasurer.

On motion adjourned.

THURSDAY, MAY 18TH.

The Judicial Council was called to order at 1 o'clock, Dr. W. S. Allee in the chair.

Dr. Nicholson tendered his resignation as editor of the *Journal*.

Dr. Dallas asked Dr. Nicholson if he could name a suitable man to take his place.

Dr. Nicholson suggested the name of Dr. E. J. Goodwin, assistant secretary.

Dr. Brummall said the Council thoroughly endorsed the management of the *Journal* as it had been carried out by Dr. Nicholson, and advised that Dr. Goodwin be made associate editor to relieve Dr. Nicholson in connection with the *Journal*, Dr. Nicholson to retain the position of editor and control the policy of the *Journal*.

Dr. Moss suggested that the resignation of Dr. Nicholson be taken under advisement, that the thanks of the association be extended to Dr. Nicholson and that Dr. Goodwin be elected associate editor.

It was moved by Dr. Brummall, seconded by Dr. Moss, that Dr. Nicholson be asked to withdraw his resignation.

Dr. Nicholson's resignation was withdrawn; and it was then moved by Dr. Brummall, seconded by Dr. Moss, that Dr. Nicholson be elected editor-in-chief of the *Journal* for the ensuing

year, that he be responsible for the policy of the *Journal* and that Dr. Goodwin be elected associate editor, with the understanding that he relieve Dr. Nicholson of the work in so far as possible, and that Dr. Goodwin be allowed the sum of \$50 per month to cover stenographer's salary. Carried.

On motion, adjourned.

MINUTES OF THE GENERAL SESSION.

SECOND DAY—MORNING SESSION.

The meeting was called to order by the president, Dr. Jackson, at 10:20 A. M.

Dr. Rice, vice-chairman of the Committee on Arrangements, introduced Rev. John H. Hubbard, of Excelsior Springs, who delivered the invocation.

Dr. Rice then announced that the members of the association would be entertained at 7:30 P. M. by the Excelsior Springs Choral Club, and that a banquet would be tendered them at 8:30 P. M. at the Benton House.

The Rev. Mr. Kinney, of Excelsior Springs, delivered the address of welcome, which was responded to by Dr. W. G. Moore, of St. Louis.

Dr. F. J. Lutz, St. Louis, read a paper entitled "The Limitations of Rest in the Treatment of Traumatata."

Discussion by Dr. A. R. Kieffer, St. Louis; Dr. John C. Morfit, St. Louis; Dr. H. M. Grace, Chillicothe; Dr. M. B. Clopton, St. Louis; Dr. A. L. Fulton, Kansas City; Dr. C. H. Wallace, St. Joseph; Dr. Robert M. Funkhouser, St. Louis; Dr. E. Von Quast, Kansas City; Dr. A. W. McAles-ter, Columbia.

Dr. William Porter, St. Louis, read a paper entitled "Tuberculosis; a

Problem for the General Practitioner."

Discussion by Dr. W. G. Moore, St. Louis; Dr. J. R. Lemen, St. Louis; Dr. John D. Seba, Bland; Dr. J. A. Larrabee, Barnard; Dr. J. D. Brummall, Salisbury.

It was moved by Dr. J. W. Kyger, Kansas City, that it was the sense of the Missouri State Medical Association that each county society appoint a committee on tuberculosis to act in conjunction with each other in this matter. Seconded and carried.

On motion adjourned to 1:30 P. M.

AFTERNOON SESSION.

The meeting was called to order at 1:45 P. M., President Jackson in the chair.

Dr. A. J. Steele, St. Louis, read a paper entitled "The Present Status of Orthopedic Surgery."

Discussion by Dr. J. F. Binney, Kansas City; Dr. J. H. Tanquary, St. Louis; Dr. E. E. Edmonson, Kansas City.

D. L. W. Dallas, Hunnewell, read a paper entitled "Some Permanent Sequelæ of Grip."

Discussion by Dr. J. M. Allen, Liberty; Dr. T. E. Potter, St. Joseph;

Dr. L. J. Dandurant, St. Joseph; Dr. Roland Hill, St. Louis; Dr. J. L. Jones, Linden; Dr. J. A. Larrabee, Barnard.

It was moved that the papers of those gentlemen who were on the program but not present be accepted. Seconded and carried.

Dr. W. G. Moore read a paper on "The Present Status of Therapeutics."

Discussion by Dr. J. R. Lemen, St. Louis; Dr. William Porter, St. Louis; Dr. L. W. Dallas, Hunnewell; Dr. Bransford Lewis, St. Louis; Dr. J. W. Kyger, Kansas City; Dr. J. M. Allen, Liberty; Dr. W. T. Elam, St. Joseph; Dr. L. J. Dandurant, St. Joseph; Dr. Wm. F. Kuhn, Kansas City; Dr. O. B. Campbell, St. Joseph; Dr. E. W. Schauffler, Kansas City; Dr. J. Block, Kansas City.

Dr. William Porter, of St. Louis, presented a motion on the subject-matter under discussion, which was referred to the House of Delegates. The paper was further discussed by Dr. J. D. Seba, of Bland.

Dr. Bransford Lewis read a paper on "Urinary Stone: Its Diagnosis and Treatment."

Discussion by Dr. Ernest G. Mark, Kansas City; Dr. H. J. Scherek, St. Louis; Dr. C. F. Roberts, Dr. C. J. Morrow, Kansas City; Dr. L. J. Dandurant, St. Joseph.

Dr. J. R. Lemen, St. Louis, read a paper on "Hypertrophy of the Heart Without Valvular Disease."

Discussion by Dr. T. F. Lockwood, Butler; Dr. I. J. Wolf, Kansas City; Dr. J. W. Dean, Maryville.

Dr. A. R. Kieffer, St. Louis, read a paper on "Uterine Displacement."

Discussion by Dr. W. T. Elam, St.

Joseph; Dr. Frank A. Glasgow, St. Louis; Dr. J. A. Larrabee, Barnard. On motion, adjourned.

THIRD DAY—MORNING SESSION.

The meeting was called to order at 10:10 A. M. by the president.

It was moved that the election of a president be taken up, and, on motion, the members cast an informal ballot, the two receiving the highest number of votes to be declared the nominees for president.

Dr. C. H. Wallace, of St. Joseph, and Dr. D. C. Gore, of Marshall, by the informal ballot were put in nomination.

Dr. Wallace withdrew and moved that the rules be suspended and the secretary be instructed to cast a unanimous ballot for Dr. Gore. Seconded and carried.

Dr. Gore was conducted to the chair and thanked the members of the association for the honor they had conferred upon him.

Dr. C. Lester Hall, of Kansas City, read a paper on "The Abdominal vs. the Vaginal Route in Pelvic Surgery."

Discussion by Dr. W. T. Elam, St. Joseph; Dr. O. B. Campbell, St. Joseph; Dr. Katherine Richardson, Kansas City; Dr. W. B. Dorsett, St. Louis; Dr. Frank Glasgow, St. Louis; Dr. Thomas J. Beattie, Kansas City; Dr. L. J. Dandurant, St. Joseph; Dr. J. F. Binney, Kansas City; Dr. A. H. Cordier, Kansas City; Dr. St. E. Sanders, Kansas City; Dr. J. A. Robertson, Kansas City; Dr. Smith, St. Joseph.

The secretary read a telegram of congratulations from the secretary of the Iowa State Medical Association,

and a similar telegram from the Illinois State Medical Society.

Dr. W. B. Dorsett, of St. Louis, read a paper on "Transfusion."

Discussion by Dr. H. S. Crossen, St. Louis; Dr. C. A. Ritter, Kansas City; Dr. J. A. Larrabee, Barnard; Dr. T. C. Boulware, Butler; Dr. John D. Seba, Bland; Dr. C. H. Wallace, St. Joseph; Dr. Frank Glasgow, St. Louis; Dr. W. T. Elam, St. Joseph; Dr. W. U. Kennedy, St. Louis; Dr. Dandurant, St. Joseph.

Adjourned to meet at 1:30 P. M.

AFTERNOON SESSION.

The meeting was called to order at 1:45 P. M. by the president.

Dr. H. C. Dalton, St. Louis, read a paper on "Mistakes in Diagnosis of Appendicitis."

Discussion by Dr. J. F. Binney, Kansas City; Dr. E. W. Schaffler, Kansas City; Dr. J. A. Larrabee, Barnard; Dr. Herman E. Pearse, Kansas City; Dr. J. M. Allen, Liberty; Dr. St. E. Sanders, Kansas City.

Dr. John Punton, Kansas City, read a paper entitled "Neurasthenia; Its Complications and Treatment."

Discussion by Dr. D. S. Booth, St. Louis; Dr. C. R. Woodson, St. Joseph; Dr. J. M. Allen, Liberty.

Dr. Roland Hill, St. Louis, read a paper entitled "Benign Tumors of the Breast.

Discussion by Dr. E. A. Babler, St. Louis; Dr. John C. Morfit, St. Louis.

Dr. T. F. Lockwood, Butler, read a paper on "The Science of Medicine a Looted Profession."

Discussion by Dr. W. G. Moore, St. Louis; Dr. J. D. Brummall, Salisbury.

Dr. E. A. Babler, St. Louis, read a paper entitled "Rectal Palpation."

Dr. T. N. Bogart, Excelsior Spring, read a paper on the "Use and Abuse of Massage."

Discussion by Dr. J. D. Seba, Bland; Dr. W. B. Dorsett, St. Louis.

Dr. B. M. Hypes, St. Louis, read a paper on "Hydatiform Mole."

Discussion by Dr. H. S. Crossen.

The paper by Dr. R. L. Johnson, Rolla, was read by title because of the lateness of the hour and the absence of the gentlemen who were to have discussed it.

On motion of Dr. J. D. Seba moved that a vote of thanks be extended to the officers for their services during the year. Seconded and carried.

Dr. Jackson extended to the members of the association his thanks for their co-operation during the year.

It was moved by Dr. Halley that a vote of thanks be extended to the members of the profession of Clay county, and particularly those residents of Excelsior Springs who had made their visit one of pleasure and gratification. Seconded and carried.

On motion adjourned *sine die*.

REPORT OF THE SECRETARY.

To the President and Members of the State Medical Association:

GENTLEMEN—I have the honor of making the following report for the year just ended. In accordance with instructions of this body I had printed 2,000 copies of the president's address, 1,400 of which were mailed from the secretary's office to physicians of the state not members of the association. During the year the card index has been added to materially and at this time contains a record of 5,960 names and addresses of physicians of the state with about 1,400

auto biographies of members of the association. Immediately after the last annual meeting a list of the members of the various societies were forwarded to the secretaries requesting correction and the corrected list furnished to the publication committee for the July issue of the journal. Packages containing constitutions and by-laws, roster blanks, blanks for permanent record, applications for membership and blank applications for charter were sent to all councillors and the secretaries of prospective societies. A large number of letters have been written physicians of unorganized counties notifying them of meetings to be held by the councillor of the district. Copies of the journal have been forwarded to physicians of all counties where societies were to be organized when so requested by the councillor of the district and it is in this way the secretary of the association has been of much assistance to the various members of the judicial council. Charters have been issued to the following societies: Adair, Atchison, Barton, Bates, Carroll, Clinton, Cooper, Crawford, Current River, Dunklin, Grundy, Iron, Jefferson, Johnson, Lafayette, Lincoln, Livingston, McDonald, Madison, Maries, Mercer, Monroe, Newton, Pemiscot, Perry, Phelps, Ralls, Ray, Saline, Ste. Genevieve, Scotland, Stoddard, Shelby, Warren, Washington, Wayne and St. Louis County.

The secretary has received the fol-

lowing dues for 1905-06, same having been forwarded to the treasurer whose receipt is now on file: Andrew, \$34; Greene, \$56; Adair, \$14; Atchison, \$8; Audrain, \$38; Barton, \$24; Bates, \$30; Boone, \$54; Buchanan, \$130; Butler, \$22; Caldwell, \$42; Callaway, \$40; Camden, \$18; Cape Girardeau, \$30; Carroll, \$16; Cass, \$52; Chariton, \$40; Clark, \$20; Clay, \$52; Clinton, \$20; Cole, \$28; Cooper, \$36; Crawford, \$14; Current River, \$2; Davies, \$26; Dunklin, \$40; Grundy, \$26; Henry, \$34; Holt, \$32; Howard, \$32; Howell, \$28; Iron, \$10; Jackson, \$410; Jasper, \$50; Jefferson, \$44; Johnson, \$40; Knox, \$16; Laclede, \$24; Lafayette, \$32; Lincoln, \$16; Linn, \$50; Livingston, \$54; McDonald, \$18; Macon, \$48; Madison, \$20; Marion, \$36; Mercer, \$10; Miller, \$20; Mississippi, \$18; Moniteau, \$34; Monroe, \$38; Morgan, \$16; Newton, \$44; Nodaway, \$58; Pemiscot, \$22; Perry, \$22; Pettis, \$74; Phelps, \$16; Pike, \$12; Platte, \$32; Putnam, \$4; Ralls, \$32; Randolph, \$28; Ray, \$30; Reynolds, \$16; Saline, \$6; St. Clair, \$14; Ste. Genevieve, \$20; St. Louis, \$684; St. Louis County, \$42; Schuyler, \$14; Scotland, \$20; Shelby, \$24; Stoddard, \$20; Sullivan, \$12; Warren, \$16; Washington, \$10; Wayne, \$20; Vernon, \$30; Franklin, \$24; Montgomery, \$14; St. Charles, \$22; Gasconade-Maries-Osage, \$12; Pulaski, \$18; total, \$3,204.

Name of Society.	Council- lor Dis- trict.	Date of Meetings.	Meetings During '04.	Scientific Communi- cations.	Members '04.	Members '05.
Adair	1	Quarterly	0	0	6	7
Andrew	4	Monthly	0	0	0	17
Atchison	4	Quarterly	*	*	5	4
Audrain	6	Monthly	8	5	14	19
Barton	14	Monthly	0	0	0	12
Bates	13	Quarterly	1	0	0	15
Boone	6	Monthly	9	10	27	27
Buchanan	4	Semi-monthly ..	17	36	61	65
Butler	10	Weekly	30	11	11	11
Caldwell	3	Quarterly	4	8	16	21
Callaway	6	Monthly	5	5	19	20
Camden	11	Quarterly	*	*	6	9
Cape Girardeau	9	Monthly	..	..	0	15
Carroll	2	Monthly	0	0	16	8
Cass	13	Quarterly	4	8	27	26
Chariton	2	Monthly	10	7	21	20
Clark	1	Quarterly	3	0	11	10
Clay	3	Monthly	9	21	31	26
Clinton	3	Monthly	0	0	0	10
Cole	11	Quarterly	3	0	17	14
Cooper	12	Monthly	5	5	6	18
Crawford	8	Quarterly	0	0	0	0
Carter-Shannon	..	Quarterly	2	2	10	1
Daviess	3	Quarterly	3	8	16	13
Dunklin	10	Monthly	0	0	0	20
Franklin	8	Monthly	0	0	0	12
Greene	15	Monthly	0	0	0	28
Gasconade-Maries-Osage ..	..	Monthly	..	..	..	6
Grundy	2	Quarterly	4	0	13	13
Henry	12	Monthly	3	3	16	17
Holt	4	Quarterly	4	7	16	16
Howard	6	Monthly	5	5	17	16
Howell	16	Semi-monthly ..	6	14	14	14
Iron	10	Monthly	4	4	7	5
Jackson	13	Semi-monthly ..	20	35	183	205
Jasper	14	Semi-monthly ..	18	23	25	25
Jefferson	10	Monthly	0	0	0	22
Johnson	12	Quarterly	3	4	28	20
Knox	1	Monthly	0	0	0	8
Laclede	16	Quarterly	2	2	10	12
Lafayette	12	Monthly	0	0	0	16
Lincoln	7	Monthly	0	0	0	8
Linn	2	Quarterly	4	12	25	25
Livingston	2	Monthly	†	†	0	27
McDonald	14	Monthly	3	3	9	0
Macon	5	Monthly	5	3	24	24

* No report. † No record.

Name of Society.	Council- lo, Dis- trict.	Date of Meetings.	Meetings During '04	Scientific Communi- cations	Members '04.	Members '05.
Madison.....	10	Semi-monthly..	10	10	10	10
Marion.....	5	Monthly.....	10	9	21	18
Mercer.....	2	Monthly.....	3	0	5	0
Miller.....	11	Quarterly.....	3	4	10	10
Mississippi.....	10	Monthly.....	4	0	9	9
Moniteau.....	11	Quarterly.....	4	7	20	17
Monroe.....	5	Quarterly.....	*	*	14	19
Montgomery.....	6	Quarterly.....	*	*	0	7
Morgan.....	11	Quarterly.....	2	0	11	0
Newton.....	14	Monthly.....	3	2	22	22
Nodaway.....	4	Monthly.....	4	4	36	29
Pemiscot.....	..	Monthly.....	4	8	14	11
Perry.....	9	Monthly.....	3	0	11	11
Pettis.....	12	Monthly.....	†	†	†	37
Phelps.....	16	Quarterly.....	4	11	12	8
Pike.....	6	Monthly.....	0	0	0	6
Platte.....	3	Monthly.....	12	19	16	16
Putnam.....	2	Monthly.....	6	12	13	2
Pulaski.....	16	None.....	0	0	0	9
Ralls.....	..	Quarterly.....	1	0	12	16
Randolph.....	5	Monthly.....	10	10	19	14
Ray.....	3	Monthly.....	10	12	11	15
Reynolds.....	10	Quarterly.....	0	0	8	8
Saline.....	12	Monthly.....	0	0	6	3
St. Charles.....	7	Monthly.....	0	0	0	11
St. Clair.....	12	Quarterly.....	4	12	8	7
St. Genevieve.....	8	Monthly.....	3	0	0	10
St. Louis, City.....	..	Weekly.....	36	43	340	342
St. Louis, County.....	..	Monthly.....	7	8	37	20
Schuyler.....	1	Semi-monthly..	2	4	5	7
Scotland.....	1	Monthly.....	5	0	12	10
Shelby.....	5	Quarterly.....	4	3	14	12
Stoddard.....	10	Monthly.....	4	8	22	10
Sullivan.....	2	Monthly.....	1	0	9	6
Warren.....	6	Monthly.....	0	0	0	8
Washington.....	10	Monthly.....	2	0	5	5
Wayne.....	10	Monthly.....	0	0	11	15
Vernon.....	..	Quarterly.....	0	0	0	15

* No report. † No record.

On April 1st Dr. J. N. McCormack, organizer for the American Medical Association, held meetings at the following points in the state: DeSoto, Pacific, Jefferson City, Boonville, Sedalia, Springfield, Joplin, Nevada,

Butler, Plattsburg, Savannah, Chillicothe, Moberly, Macon and Hannibal. Two thousand eight hundred and ninety notices were sent to physicians in districts where meetings were held and the result of Dr. McCormack's

visit was most gratifying. Arrangements have been made with the Southwestern Passenger Association and Western Passenger Association for rates of one and one-third fare for round trip to the annual meeting.

Number of counties in state 115, number of societies in affiliation 84, number of county societies organized prior to May, 1904, 39; number of societies organized since May, 1904, 45; number of societies holding meetings during 1904, 54, number of scientific communications read before societies 427, number of societies doing scientific work 54, number of societies whose membership has increased since May, 1904, 12; number of societies whose membership has decreased since 1904, 23, total paid membership May, 1904, 1,321, total paid membership May, 1905, 1,602; gain, 281.

The work of the state secretary greatly increased the necessity of serving typewritten the material for the journal to the Publication Committee each month is not to be underestimated. Press copies of all letters written from the secretary's office have been made and are here for inspection of the House of Delegates and Judicial Council.

The following is a recapitulation of work of this office:

Number of letters mailed 4,242, number of circular letters mailed 2,890, number of president's address mailed 1,400, number of charters sent to societies 37, number of packages mailed 84, number of special delivery letters 16, number of telegrams sent 7, number of journals mailed 210, number of programs mailed 1,722.

The expenses of the office were as follows:

Two-cent stamps for mailing 4,242 letters \$84.84, two-cent stamps for mailing 2,890 McCormack's letters \$57.80, one-cent stamps for mailing president's address \$14.00, two-cent stamps for mailing charters 74 cents, stamps for 84 packages \$9.20, stamps for special delivery letters \$1.60, two-cent stamps for mailing journals \$4.20, one-cent stamps for mailing program \$17.22.

Respectfully submitted,

C. M. NICHOLSON, Secretary.

REPORT OF COMMITTEE ON SCIENTIFIC WORK.

To the President and Members of the State Medical Association:

GENTLEMEN:—Your Committee on Scientific Work sent out invitations to a number of medical men in the state inviting them to present papers at the annual meeting, and requesting each to furnish an abstract of his contribution and place the original paper in the hands of the committee at least two weeks prior to the annual meeting. As a result there are thirty original contributions on the program. The committee wrote 240 medical men of the state requesting them to take part in discussions, to which 135 replied. Abstracts have been sent to those who are to open the discussions and altogether 165 gentlemen have accepted the committee's invitation and appear on the program.

The program was published in the JOURNAL and advance sheets were sent to the *Medical Fort-Nightly*, *Medical Herald*, *Medical Review* and *Kansas City Medical Index*, so that additional publicity might be given by these periodicals. 2,500 copies of a 42-page program, containing a full list of

members of the association with their address, was published and a copy sent to each member.

The cost of printing and binding was \$112.50. The amount received from advertisers was \$112.50. The letters having been written and mailed from the office of the secretary of the association, the committee has no bill to present. The committee desires to extend its special thanks to Dr. E. J. Goodwin, assistant secretary, for his valuable services in the preparation of the program.

Respectfully submitted,
C. M. NICHOLSON, Chairman.

REPORT OF THE PUBLICATION COMMITTEE.

To the President and Members of the State Medical Association.

GENTLEMEN:—Your committee on publication hereby makes the following report:

At the last annual meeting, the Judicial Council decided to publish the transactions of the association in the form of a monthly journal to be known as the JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION and appointed a publication committee to conduct the publication.

It was decided the subscription price would be \$2 per year, the publication to be sent free of cost to each member. Your committee made a contract with the Medical Press Company of St. Louis to print the JOURNAL. The material ready for the publication has been received from the secretary of the state association prior to the 22d of each month, and on the 1st of the following month the JOURNAL has been issued. About 2,400 copies have been printed each month

and have been distributed to the members of the state association, paid subscribers, medical libraries, advertisers, and non-members. The JOURNAL has published not only the transactions of the State Medical Association, but papers or abstract of papers from men best known to the medical world. Altogether 61 original articles, 68 abstracts, 37 editorials, 216 news items and 154 "county society notes," from counties in affiliation, tables showing the names of affiliated societies, with officers and dates of meeting, and ten pages devoted to medical history, have appeared.

The cost of publishing the transactions of 1904-'05 was \$1,167.50. The cost of publishing the transactions in JOURNAL form 1904-'05 has been \$1,681.56. In conclusion, your committee desires to say that the value of the JOURNAL as a method of maintaining the membership of the State Medical Association cannot be overestimated. Not only does it give all members an opportunity to know just what is done at the annual meeting, but keeps the doctors in different parts of the state in touch with each other and furnishes those medical men who never attend, a *quid pro quo* for their annual contribution.

Respectfully submitted,
C. M. NICHOLSON, Chairman.

TREASURER'S ACCOUNT WITH THE MISSOURI STATE MEDICAL ASSOCIATION, 1904.

CASH RECEIVED.

<i>Amount Forwarded</i>	\$	770 75
January 1, Miller county		16 00
" 1, Howard county		34 00
" 1, Camden county		8 00
" 1, Morgan county		16 00
" 1, Laeclde county		22 00

51

January 13, Johnson county.....	48 00	Sept. 12, Madison county.....	20 00
" 22, Schuyler county.....	10 00	" 19, Cooper county.....	12 00
" 24, Chariton county.....	42 00	Oct. 17, Balls county.....	16 00
February 6, Howell county.....	26 00	" 18, Mercer county.....	10 00
" 21, Cole county.....	34 00	Nov. 20, Washington county.....	10 00
March 17, Saline county.....	10 00	Dec. 19, Ste. Genevieve county.....	20 00
" 21, Reynolds county.....	16 00		
" 29, Henry county.....	32 00		\$3,664 75
" 30, Randolph county.....	30 00		
April 4, Jasper county.....	54 00	Jan. 9, C. M. Nicholson.....	\$ 1 35
" 4, St. Louis county.....	54 00	" 16, Dr. Simmons, A. M. A.....	1 15
" 4, Platte county.....	32 00	" 25, J. E. Dismukes & Son.....	1 25
" 11, M. M. A.....	4 00	Feb. 12, Modern Print Co.....	1 35
" 12, Audrain county.....	34 00	Mch. 8, C. M. Nicholson.....	1 85
" 14, Moniteau county.....	42 00	" 26, Modern Print Co.....	14 65
" 17, Mississippi county.....	22 00	April 1, Modern Print Co.....	1 75
" 18, Sullivan county.....	16 00	May 10, J. F. Welch, S. & S.....	15 00
" 21, Linn county.....	50 00	" 19, C. M. Nicholson, S. & S.....	97 50
" 21, St. Clair county.....	16 00	" 19, C. M. Nicholson, postage.....	68 38
" 21, Butler county.....	24 00	" 19, C. M. Nicholson, let. pr.....	12 00
" 21, Grundy county.....	26 00	" 19, C. M. Nicholson, salary.....	72 00
" 25, Current River county.....	14 00	" 23, Spalding Sta. Co.....	2 00
" 25, Shelby county.....	30 00	" 23, Miss Edith Strong.....	40 00
" 25, Monroe county.....	28 00	" 23, Dr. Dallas.....	15 00
" 25, Ray county.....	24 00	June 3, Spalding Sta. Co.....	1 00
" 25, Marion county.....	40 00	" 3, Modern Print Co.....	9 50
" 25, Jackson county.....	388 00	" 9, National Surety Co.....	15 00
" 25, Maries county.....	12 00	July 5, Dr. C. D. Cobb.....	2 40
" 28, Daviess county.....	20 00	" 5, Reliance Co. and Ep. Co.....	1 00
" 30, Boone county.....	58 00	" 5, A. M. A.....	9 50
" 30, Clark county.....	22 00	" 5, Globe-Wernicke Co.....	1 50
" 30, John T. Hodgen.....	34 00	" 5, Modern Print. Co.....	18 35
" 30, Nodaway county.....	70 00	" 14, Dr. C. D. Cobb.....	4 35
May 4, Buchanan county.....	122 00	" 16, Interstate Med. Jrl.....	146 12
" 4, Callaway county.....	38 00	" 1, Interstate Med. Jrl.....	15 25
" 7, McDonald county.....	18 00	" 1, Modern Print. Co.....	4 45
" 13, Holt county.....	20 00	" 8, A. R. Fleming Prt. Co.....	12 50
" 14, Cass county.....	56 00	" 9, St. Louis Pho. Eng. Co.....	30 00
" 14, Caldwell county.....	32 00	" 22, Morton Jourdon.....	7 00
" 17, Clay county.....	52 00	" 22, M. K. McGrath.....	50 00
" 17, Phelps county.....	24 00	Sept. 7, Interstate Med. Jrl.....	109 50
" 17, St. Louis City.....	680 00	" 7, Modern Print. Co.....	2 00
" 17, Scotland county.....	24 00	" 14, I. M. Journal Co.....	157 35
" 18, Macon county.....	48 00	" 20, Spalding S. Co., M. N.....	2 00
" 18, Gasconade county.....	10 00	" 20, Ira A. Martin.....	9 00
" 18, Carroll county.....	6 00	Oct. 6, C. M. Nicholson, S. & S.....	100 00
" 21, Atchison county.....	8 00	" 6, C. M. Nicholson.....	1 65
" 22, Pettis county.....	50 00	" 6, Modern Print. Co.....	5 75
June 20, Putnam county.....	26 00	" 18, I. State Med. Jrl.....	139 75
July 1, Stoddard county.....	50 00	Nov. 16, S. D. Cobb.....	1 60
" 11, Crawford county.....	14 00	" 2, S. D. Cobb.....	1 15
" 29, Bates county.....	22 00	" 23, American Med. Asn.....	5 10
Aug. 31, McDowell district.....	14 00	Dec. 3, Edith Strong.....	15 10
" 31, Iron county.....	14 00	" 9, Dr. C. D. Cobb.....	1 00
Sept. 12, Wayne county.....	20 00	" 9, Dr. B. M. Hypes.....	13 89
		" 9, I. Med. Journal Co.....	144 00
		" 10, I. Med. Journal Co.....	146 95
			\$1,529 39
		Dec. 31, Cash on hand.....	2,135 36
			\$3,664 75
			J. FRANKLIN WELCH,
			Treasurer

TREASURER'S ACCOUNT WITH THE MIS-
 SOURI STATE MEDICAL ASSOCIA-
 TION FROM JANUARY 1ST TO
 MAY 15, 1905.

CASH RECEIVED.

<i>Amount Forward</i>		\$2,135 36	April 20, Daviess county.....	26 00
Jan. 1, Howard county.....	32 00		" 24, Caldwell county.....	42 00
" 1, Cass county.....	48 00		" 24, Linn county.....	50 00
" 1, Perry county.....	22 00		" 24, Laclede county.....	16 00
" 10, Cape Girardeau county..	30 00		" 25, Scotland county.....	20 00
" 16, Newton County.....	44 00		" 25, Butler county.....	22 00
" 14, Holt county.....	32 00		" 27, Andrew county.....	34 00
" 14, Dunklin county.....	40 00		" 27, Knox county.....	16 00
" 14, Pemiscot county.....	22 00		May 1, St. Louis county.....	38 00
" 20, Howell county.....	26 00		" 1, Cole county.....	28 00
" 20, Marion county.....	36 00		" 13, Barton county.....	24 00
" 24, Pettis county.....	74 00		" 13, Buchanan county.....	130 00
" 26, Adair county.....	14 00		" 3, Jackson county.....	410 00
March 3, Henry county.....	34 00		" 6, Putnam county.....	4 00
" 3, Schuyler county.....	14 00		" 6, Laclede county.....	24 00
" 13, Sullivan county.....	12 00		" 8, Carter-Shannon county..	2 00
" 13, Grundy county.....	26 00		" 8, Phelps county.....	16 00
" 23, Saline county.....	4 00		" 10, Vernon county.....	30 00
" 24, Clark county.....	20 00		" 10, Stoddard county.....	20 00
" 24, Johnson county.....	40 00		" 10, Gasconade-M. Osage.....	12 00
April 6, Ralls county.....	32 00		" 14, Franklin county.....	24 00
" 10, Bates county.....	30 00		" 14, Pike county.....	12 00
" 10, Lafayette county.....	32 00		" 14, St. Charles county.....	22 00
" 10, Ray county.....	30 00			
" 10, Mississippi county.....	18 00			\$5,177 36
" 2, Shelby county.....	24 00		DISBURSEMENTS.	
" 10, Miller county.....	20 00		Jan. 5, Mod. Ptg. Co. (ptg.)... \$	3 85
" 10, Jasper county.....	34 00		" 17, G. H. Simmons, A. M. A.	1 50
" 10, Chariton county.....	40 00		" 17, Mod. Ptg. Co. (ptg.)....	5 75
" 10, Iron county.....	10 00		" 23, I. St. Jr. Co. (p. jr.)....	149 70
" 10, Audrain county.....	38 00		Feb. 8, Spalding S. Co. (ptg.)...	2 90
" 10, Livingston county.....	54 00		" 9, Remington T. Co. (one	
" 12, Monroe county.....	38 00		machine).....	97 50
" 12, Platt county.....	32 00		" 16, I. S. Jr. Co. (ptg. jr.)...	146 15
" 12, Boone county.....	54 00		" 22, Mod. Ptg. Co. (ptg.).....	5 00
" 12, Cooper county.....	36 00		March 13, G. S. F. Co. (desk).....	25 00
" 12, St. Louis Med. S.....	684 00		" 24, Dr. Nicholson, S. & S.....	125 00
" 14, Macon county.....	48 00		April 6, Spalding S. Co. (ptg.)....	60
" 14, Warren county.....	16 00		" 11, Spalding S. Co. (ptg.)....	2 60
" 14, Jefferson county.....	44 00		" 14, I. S. Med. Co. (ptg. jr.)...	170 00
" 14, Atchison county.....	8 00		" 20, Dr. Moss (trav. ex.).....	20 32
" 14, Montgomery county.....	14 00		" 20, Edith Strong (stenog.)...	47 00
" 16, Callaway county.....	40 00		" 20, Edith Strong (stenog.)...	1 50
" 20, St. Clair county.....	14 00		" 20, Spalding S. Co. (ptg.)....	2 10
" 20, Camden county.....	18 00		May 2, Dr. Moss (trav. ex.).....	11 48
" 20, Randolph county.....	28 00		" 2, Mod. Ptg. Co. (ptg.).....	29 25
" 20, Clinton county.....	16 00		" 2, Spalding Ptg. Co. (ptg.)...	1 50
			" 13, I. S. Med. Co. (ptg. jr.)...	202 05
				\$1,060 55
			Cash on hand May 15, 1905.....	4,116 81
				\$5,177 36

J. FRANKLIN WELCH,
 Treasurer.

—JOURNAL— MISSOURI STATE MEDICAL ASSOCIATION

The official organ of the State Association and Affiliated County Societies. Published monthly under the supervision of the Publishing Committee.

ADDRESS ALL COMMUNICATIONS TO 534 NORTH VANDEVENTER AVENUE, ST. LOUIS.

VOL. II.

JULY, 1905.

No. 1

C. M. NICHOLSON, M. D., Editor.
E. J. GOODWIN, M. D., Associate Editor.

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F. J. LUTZ.

B. M. HYPES.

WALTER B. DORSETT.

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EDITORIAL.

TREATMENT OF FOURTH OF JULY WOUNDS.

The celebration of the Fourth of July by producing noise with cannons, toy pistols and firecrackers has within late years not been confined to the annoyance of the more peaceably inclined, but has resulted in a distinct

and dangerous kind of gunshot wound. By far the largest number of these wounds involve the hands and face, and are inflicted by blank cartridges. These blank cartridge wounds are deceptive in that they present usually a comparatively clean-cut perforation of the skin, surrounded

by imbedded powder grains. In many instances the patient comes immediately under the supervision of the physician; other patients are seen only after the infection has produced considerable local and systemic disturbance, or after the much-dreaded surgical complication of lockjaw has been established.

It is well-known that a large number of fatal cases of tetanus are observed after the infliction of blank cartridge wounds, and therefore it is of importance that we recall at this season the treatment of blank cartridge wounds as well as the treatment of the serious complication—Fourth-of-July tetanus.

The fact that the nature of these wounds is primarily explosive, and that the damage is for the most part beneath the skin, suggests that enlargement of the cutaneous wound is the first indication in the treatment. As soon as the enlarged skin wound has made the adjacent structures visible, it is found that the injury extends to a distance beyond the cutaneous wound. The explosive character of the wound forces the powder, portions of the blank cartridge and dirt far beyond the wound along the sheaths of tendons and under the fascia, grains of powder, for example, as found near the wrist in the wound entering the finger and hand. The wads are driven into deep tissues, and the fire and powder bruise and lacerate the structure in all directions.

These conditions have been so often found and have been so often described that they should form the basis for the treatment of these wounds, but unfortunately are often

forgotten, and the attending physician allows wads, powder and dirt to remain in the wound. It is not all sufficient to open the wound, remove the wads and irrigate with an antiseptic solution and then pack it for the purposes of drainage. In order to avoid tetanus infection it is necessary that every part of the wound into which the dirt may have been forced be thoroughly cleansed and packed, so that not only the wound secretion may escape, but that the air may enter the wound, for the tetanus bacillus grows where air does not enter. The wounded person should therefore be placed under the influence of an anesthetic, the external wound thoroughly cleansed and then enlarged and the subcutaneous tissues involved should be carefully and systematically dissected.

The wishes of the parents or the objections of the patient should not govern us as to the extent of our operative interference. The much-practiced cauterization of the wound can only be hurtful, for it closes up spaces in which tetanus bacilli may lodge, and thus furnishes them the surroundings for their growth.

Of equal importance with thorough cleansing and drainage is the prophylactic administration of tetanus antitoxin. The numerous unquestionable instances in which it has been employed successfully in other lacerated and contused wounds warrants its systemic use in the Fourth-of-July pistol wounds. Besides, we have learned from our veterinary confreres that in stables and veterinary hospitals in which tetanus has become epidemic, animals to which prophylactic doses of antitoxin were given

did not become infected, and that unprotected animals developed the disease.

To patients under eight years 5 cc. doses should be injected in the neighborhood of the wound, or if the wound is in a fleshy part, into the muscle. For those older, 10 cc. should be given, if the remedy is at hand, immediately; if not, as soon as it can be procured.

STATE MEDICAL ASSOCIATION.

It is with pride the association recognized the last annual meeting as the most successful in the history of medical conventions in Missouri. The most successful not only because of the excellent scientific program presented, not only because of the record breaking attendance, but also because of the enthusiasm and good will manifest among the members. The meeting hall was well located, the hotel accommodations good and the hospitality of the Clay County Medical Society all that could be desired. The contrast between the meetings now and before the reorganization is well marked. At last it seems as though the doctors of Missouri have begun to work together in a common cause. Such meetings, because of their scientific and numerical success, are potent factors in the upbuilding of the medical profession.

THE PROGRAM.

The program at the last annual meeting was most excellent, though some felt that a larger number of contributions should have been read by members from the country. Next year the gentlemen who are to contribute to the scientific program are

to be appointed by the various county societies in affiliation with the state association. It is to be hoped that the following named gentlemen, all of whom were among the number invited to read papers at Excelsior Springs, but who declined the invitation for various reasons, will be appointed on the program for the Jefferson City meeting: Drs. Jacob Geiger, St. Joseph; C. H. Wallace, St. Joseph; J. D. Brummall, Salisbury; E. H. Miller, Liberty; L. W. Dallas, Hunnewell; Woodson Moss, Columbia; J. J. Norwine, Poplar Bluff; W. S. Allee, Olean; R. D. Haire, Clinton; A. R. Snyder, Joplin; R. L. Johnson, Rolla, and E. W. Schaffler, of Kansas City. Now that the work is to be done in sections it should be possible to have a large number of papers read and discussed. Every society in the state should select at least one member whose paper should be prepared and read before the local society, discussed, possibly rewritten, and then read at the annual meeting. In this way the members may be stimulated to do better work. The number of sections into which the scientific work will be divided has not yet been decided, but will probably be two or three.

THE 1905 ROSTER.

Elsewhere in this issue will be found a roster of members of the state medical association. On the 22d of May the list of each county society was sent to the secretary for corrections and additions. The names and addresses as they appear should, therefore, be without error. Additions are constantly being made to

the list. As members pay their dues in the local society they are reinstated in the state association. Thus the

total membership should be increased about 200 during the next three months.

ROBERT MAURICE KING.

Dr. R. M. King, of St. Louis, died at his home in St. Louis, on May 2, 1905. At the time of his death he was treasurer of the St. Louis Medical

Following the early plan, he read medicine under a preceptor, matriculated at the Jefferson Medical College and there won his Doctorate in 1867.



Society. The following memorial resolutions were adopted by the St. Louis Medical Society at its meeting on May 6, 1905:

To the Memory of Dr. Robert Maurice King, Adopted by the St. Louis Medical Society, May 6, 1905.

Robert Maurice King was born in Madisonville, Kentucky, June 1, 1843. His preliminary education was secured at Princeton College (Ky.) and Bethany College (Va.) from which he made his Master of Arts degree.

After practicing for a number of years in his native town, in 1876 he removed to St. Louis and there remained until his death, May 2, 1905.

While resident in Kentucky, Dr. King served as a member of the State Board of Health. In St. Louis he was appointed Professor of Physiology and Clinical Medicine in the College of Physicians and Surgeons. After a service of five years he was appointed Professor of Materia Medica and Therapeutics in the Beaumont

Hospital Medical College. Later he became Professor of Obstetrics in the St. Louis College of Physicians and Surgeons, and held this position a number of years, resigning it but recently. He was Physician to the Protestant Hospital.

Despite the demands made by an active, general practice, by teaching and by official duties in sundry secret orders, Dr. King interested himself in the political field. His terse, pungent remarks were illuminative, and his influence always bulked for political righteousness.

This society has observed, during his long term of membership, a striking spirit of loyalty and of cheerful service, of which the excellent condition of our exchequer is the last vibrant witness.

Notwithstanding having received a medical training during the period unblest by the wonderful adjuvants of the modern curriculum, which so greatly facilitate the ready acquisition of accurate knowledge, yet one might invariably depend upon Dr. King for a keen interest in and a comprehensive grasp of the most modern of diagnostic and therapeutic refinements, the practical usage of which was part and parcel of daily work.

Never sat he in censorious judg-

ment, but with a rather unusual clarity of thought did he combine a flexible many-sidedness of viewpoint, with a keen and cordial appreciation of the craftsmanship of his colleagues. The gentle voice, the soft step, the cordial handgrasp, the smiling greeting, the characteristic urbanity served to accentuate, nay, mellow the years which have so speedily drawn to this untimely close.

In his last insidious illness, with the knowledge of the initiate, burdened with solicitude, and yet with simple courage and composure did he yield himself to the counsel of his associates and their belief in the necessity of a major surgical intervention.

Surely the grace, the courage, the manliness of this gentleman and his passing, shall not rest unrecognized by this society; therefore be it

Resolved, That a copy of this memorial be spread on the minutes of this society, and a copy transmitted to the bereaved family of Robert Maurice King.

Respectfully submitted,

ROBERT M. FUNKHOUSER,
AMAND N. RAVOLD,
NORVELL W. SHARPE,

Committee.

COUNTY SOCIETY NOTES.

CASS COUNTY MEDICAL SOCIETY.

Dr. R. D. Ramey, President.

Dr. J. S. Triplett, Secretary.

The regular meeting of the Cass County Medical Society was held at Harrisonville on June 1st, Dr. Ramey presiding. Dr. W. M. Clemmons read a paper on "Influenza," which was discussed by Drs. Dawson, Overholser, Triplett, Crawford and Ramey. Dr. Overholser presented a paper on "Kidneys and the Urine." Discussion by Drs. Farrow, Triplett and Clemmons. A quiz on "Anatomy and Treatment of Inguinal Hernia" was conducted by Dr. Farrow. Dr. Triplett demonstrated the "Tubercle Bacillus" from a case which he had reported to the society.

In future the meetings of the Cass County Medical Society will be held monthly instead of quarterly, motion to that effect having carried at this meeting. The following new members were elected: Drs. B. E. Dawson, Belton; E. M. Gilham, of Belton; Edw. Schoor, of Garden City.

The next meeting of the society will be held at Harrisonville on July 6th.

J. S. TRIPLETT, Reporter.

COOPER COUNTY MEDICAL SOCIETY.

Dr. P. L. Hurt, President.

Dr. R. S. Holman, Secretary.

The June meeting of the Cooper County Medical Society was held at Chouteau Springs, ten members being present. A number of cases were reported and discussed, after which the members enjoyed an outing. At the

July meeting a paper will be read and the strong points of Dr. McCormack's lecture brought up for discussion.

R. S. HOLMAN, Secretary.

JEFFERSON COUNTY MEDICAL SOCIETY.

Dr. W. H. Farrar, President.

Dr. H. Will Elders, Secretary.

Jefferson County Medical Society met in regular session on May 23d, at 10:30 A. M., at De Soto, Dr. Farrar presiding. Dr. Taylor presented an excellent paper on "Carcinoma of the Breast," the discussion on which was opened by Drs. Hamil and Pickel. The meeting then adjourned until 1 P. M. At the afternoon session papers were read on "Mucous Colitis," "Placenta Previa," and other subjects. After the discussion on these papers and the conclusion of other matters, the society adjourned.

This meeting was a very enthusiastic one and was attended by a large number of physicians from all parts of the county. The next meeting will be held at Festus on June 27th, at 7 P. M. H. WILL ELDERS, Reporter.

ST. CLAIR COUNTY MEDICAL SOCIETY.

Dr. W. Cline, President.

Dr. E. D. Miles, Secretary.

The St. Clair County Medical Society met in Osceola on June 13th, with the president, Dr. Cline in the chair. The attendance at this meeting was very good. Dr. E. D. Follin, of Collins, read a very interesting paper on "Malaria." The essayist took the view that malaria was always

communicated through the medium of the mosquito, but this theory was not generally accepted by all who participated in the discussion of the paper. Dr. C. P. Bowden, of Appleton City, read a paper on the "Importance To and Advantages to Be Gained by the General Practitioner by Post Mortem Examinations, Especially in Confirming Diagnosis." The doctor stated that opposition to post-mortem examinations was usually a matter of sentiment.

The next meeting of the society will be held on the second Tuesday in September. At this meeting the annual banquet will be tendered the members, it marking the third anniversary of the St. Clair County Medical Society.

E. D. MILES, Secretary.

ST. LOUIS MEDICAL SOCIETY.

Dr. F. L. Henderson, President.

Dr. T. A. Hopkins, Secretary.

MAY 27 to JUNE 10, 1905.

The St. Louis Medical Society has convened in regular session three times since May 26th. The following papers, addresses, etc., have been presented before the society:

At the meeting held May 27th the regular scientific program was a "Symposium on Blood Examinations," consisting of "Demonstrations and Methods of Typhoid Blood Examinations in the City Laboratories," by Dr. C. A. Snodgras; "Newer Methods of Blood Examinations for Typhoid, with Demonstrations," by Dr. B. M. Shoemaker; "Examination of the Blood for Malaria," by Dr. G. C. Crandall; "The Value of Blood Examinations for

Leucocytosis," by Dr. M. B. Clopton, and "Trypanosome Infection of the Blood, with Demonstrations," by Dr. C. Fish. Dr. Snodgras uses the microscopic method of examining for typhoid. The "dry blood," "whole blood" or serum methods may be used for microscopic work. The dry blood method, consisting of a drop of blood allowed to dry on a slide, is the one commonly in use in the city laboratories. In making the Widal reaction a 16-hour bouillon typhoid culture is used. The dried blood is dissolved and diluted 1-20, and equal parts of this dilution and the culture are mixed and examined in a hanging drop. Loss of motility is noticed in one and a half to two hours if the Widal reaction be positive. Several specimens of the Widal reaction were presented under the microscope.

Dr. Crandall, acting for Dr. Shoemaker, presented a new test (macroscopic) for typhoid. The test is modeled after Borden, and is as follows. The bouillon typhoid culture is killed by adding one per cent. of formal., and the result is a stock solution or culture which is good for six to nine months. This solution is diluted as in making a Widal reaction, and in the course of a few hours a flocculent white precipitate is formed and settles to the bottom of the test tube. This test is considered reliable, and does not require the use of the microscope. Several specimens were presented.

Dr. Crandall presented several specimens of blood stained for the plasmodium of malaria. He does not believe in quinine as an absolute test for malaria, and a positive diagnosis can only be made by finding the plasmo-

dia in the blood. When they are few in number, a drop of blood is allowed to dry on a slide and then washed with water. The hemoglobin is dissolved and then the specimen is stained by the usual methods. The plasmodia from a large amount of blood are gathered into a small area by this method.

Dr. Clopton presented several leucocyte count charts, and demonstrated that a leucocytosis is usually high early in disease and falls as it progresses. Several counts should be made, and the higher the infection the earlier the large count and the more early it diminishes. Leucocyte counts are not absolute for diagnostic purposes and are to be considered as one in many of the usual factors used in making a diagnosis.

Dr. Fish presented some stained specimens of the trypanosomes. They are two or three times the size of a corpuscle and live in the plasma. Trypanosome infections are peculiar to tropical countries, and affect animal industries in these places. As yet no definite specific treatment is known, although years have been spent in research. Sleeping sickness in man is traceable to trypanosome infection. It is transmitted by insects—mosquitoes, etc.

The symposium was discussed by Drs. Funkhouser, Gradwohl, Ravold, Grimes, Shattinger and Brown.

Drs. Baerens and Tiedeman presented an interesting pathological specimen, consisting of a heart, with rupture of the ventricular septum. A large degenerated gummatous-like area was seen and the patient gave a definite specific history. Death was

sudden. The patient was up and about prior to his demise.

MEETING OF JUNE 3D.

At the meeting held June 3d, Dr. John Young Brown presented several "Specimens Illustrating the Importance of certain points in the Diagnosis and Surgical Treatment of Appendicitis," and Dr. Joseph Grindon presented a paper on "A case of Indigenous Tubercular Leprosy, with Remarks on Leprosy in the United States."

Dr. Brown made the point of a thorough and clear diagnosis of appendicitis being established and then operated as soon as possible under the circumstances. The earlier in the disease the operation, the better it is for the patient and for the surgeon. It is not possible to determine the exact extent of pathologic processes before opening the abdomen and the temperature and pulse are not reliable guides in this direction.

Lately Dr. Brown has operated on a series of six cases of so-called surgical general peritonitis, complicating appendicitis, with no deaths. Irrigation is not used and no unnecessary manipulations are made. A glass drainage tube is placed in the pelvis and the patient is placed in the higher Fowler position after operation. Discussion by Drs. Carson, Kiefer, Elbrecht, Moore, Scott, Morris, Deutsch and Meisenbach. Dr. Carson presented a drawing of an interesting pathologic appendix recently removed.

Dr. Grindon reported a case of tubercular leprosy recently under his observation, and stated that he believes "that many more cases really

exist in the United States than are reported." He named the principal leper colonies in the United States, they being mainly in the South and in our island possessions. Numerous plates showing the forms of leprosy were also presented. Discussion by Dr. Scherck.

MEETING OF JUNE 10TH.

At the meeting held June 10th Dr. A. H. Meisenbach presented some "Specimens of Pelvic Surgery with Critical Remarks." The first specimen was one of carcinoma of the cervix uteri, the second a specimen of cervix and corpus uteri, cystic ovaries and uterus gravidorum, and the third specimen one of carcinoma of the rectum. Two specimens of the last case were presented, one being the pathologic condition removed at the operation, and the second the condition left by the operation and removed from the cadaver. The patient died several months after the operation, after being up and about, from la grippe pneumonia. Post mortem examination of the liver revealed several secondary carcinomatous nodules and a single stone was found in the gall bladder.

From Dr. Meisenbach's remarks and the discussions, it was made clear that an encouragement for complete recovery from carcinoma of the cervix should not be given, and that a case not presenting return symptoms after five years is seldom met. Operation promises a lease of life and palliation of the severe symptoms of the primary trouble. Removal of the pelvic lymphatics is not often attempted, and cases reported do not tend to show that this procedure is effective,

because of the impossibility of removing all the glands which may be involved. Discussions by Drs. Gellhorn, Kiefer, Funkhouser, Brown, Sharpe, Stauffer and Moore.

The following new members have been elected: Drs. Newton M. Freund, E. W. Eberlein, Lewis M. Warfield, C. A. Vosberg and Victor B. Kiefer.

C. H. SHUTT, Reporter.

JACKSON COUNTY MEDICAL SOCIETY.

Dr. Robt. T. Sloan, President.

Dr. Max Goldman, Secretary.

The Jackson County Medical Society held its regular meeting May 25, 1905, the vice-president, Dr. E. H. Thrailkill, in the chair.

The scientific program consisted of a paper by Dr. Hal Foster on the "Use of Paraffin in the Correction of Deformities of the Nose," and the report by Dr. Jabez N. Jackson of a case of carcinoma of the descending colon, for which he had performed a resection, followed by an end-to-end anastomosis, and of a series of cases in gall bladder surgery presenting clinical features of considerable interest.

Dr. Foster's paper included some statistics relating to operations for the correction of nasal deformities, demonstrating chiefly wherein the dangers attending this work are to be found and by what means the essentials for successful results are to be obtained. He described minutely his method of operating, and stated that in cases of failure faulty technique is the agent largely responsible.

The discussion of this paper was opened by Dr. J. W. Gaines, Drs. Jos.

Lichtenberg and J. E. Sawtell also taking part.

The case of carcinoma of the descending colon, reported by Dr. Jackson, was of interest because of the age of the patient, a nurse, female, æt. thirty-four, and especially from the point of view of diagnosis, the symptoms presented having been very vague and the physical signs few in number, the mass being difficult to palpate and quite movable owing to the long mesentery.

The cases in gall bladder surgery which Dr. Jackson reported were valuable because of the opportunity afforded to study various clinical pictures furnished by the histories of the cases at hand. Some of the patients complained chiefly of pain and distress in the epigastrium, some in the region of the gall bladder, radiating to the back and under the scapulæ, while others had only slight pain; some exhibited evidences of severe gastric disturbances, while others attributed to "biliousness" the chief cause of their suffering. It was also interesting to observe the ages of the patients in the series; one was twenty-six years, another fifty-one, another twenty-four, another fifty-five and the last one forty. The chief purpose of reporting these cases, as explained by Dr. Jackson, was to call to mind the fact that in many cases of so-called gastro-intestinal derangement and "bilious" attacks, when the question of a positive diagnosis arises, one must be constantly on his guard, and great care should be exercised lest one overlook the presence of gall stones or of inflammation of the biliary passages induced thereby.

This report was well discussed. Dr.

A. E. Hertzler, in opening the discussion, said, in reference to the case of carcinoma reported, that it is often difficult to differentiate between a growth so located and a dislocated kidney. Dr. H. C. Crowell spoke of the elimination of the "age limit" in the diagnosis of carcinoma of the descending colon. Others taking part in the discussion were Drs. A. H. Cordier, J. M. Frankenberger, C. F. Roberts, J. M. Langsdale and W. H. Coffey. Dr. Jackson closed the discussion.

Dr. Jackson then exhibited to the members of the society a huge ovarian cyst which he had removed a few days previously.

MAX GOLDMAN, M. D., Secretary.

JOHNSON COUNTY MEDICAL SOCIETY.

D. M. P. Shy, President.

Dr. E. H. Gilbert, Secretary.

Johnson County Medical Society met in regular session at the court house in Warrensburg on June 10th at 3:00 P. M. After disposing of routine business and electing three new members the society adjourned to meet at Pertle Springs Hotel at 8 o'clock, as this was the date for the annual banquet. At Pertle Springs the reception committee had prepared a splendid banquet for the members and guests of the society. The guests were Dr. Whelpley and wife, of St. Louis; Dr. McGinnis and wife, of Hoffman; Dr. Adcock and wife, of Warrensburg. Following are the subjects of the toasts: "The Physician's Importance," Dr. W. H. Aben; "The Strenuous Life of a Physician," Dr. John T. Anderson; "Social Standing of the Physician," Dr. Z. Case; "The Dreams of the Recent Gradu-

ate," Dr. W. G. Thompson; "Sugar Coated Ideas of the Old Doctor," Dr. G. L. Callaway; "The Coming Physician," Dr. T. L. Bradley; "The Ladies," Dr. L. J. Schofield; "The Doctor's wife," Mrs. Z. Case; "The Ideal Physician," Dr. E. H. Gilbert; "The Physician in Politics," Dr. J. J. Anderson; "The Natural Born Physician," Dr. C. O. Ozias; "The Grandure of the Physician's Life," Dr. O. D. Hall. Dr. Whelpley responded to a toast of his own suggestion, "Medical Society Indians, or How I Lost My Hair."

E. H. GILBERT, Reporter.

KNOX COUNTY MEDICAL SOCIETY.

Dr. S. M. Brown, President.
Dr. H. J. Jurgens, Secretary.

The regular meeting of the Knox County Medical Society was held at Edina June 3d. Dr. J. R. Mitchell read a paper on "Bowel Troubles of Children," which was discussed by Drs. L. S. Brown, H. J. Jurgens, Geo. Brown, and the discussion closed by Dr. Mitchell.

Resolutions of respect were adopted in memory of Dr. John H. Campbell, deceased.

On motion it was decided to hold meetings every other month instead of every month. At the next regular meeting a symposium on typhoid fever will be presented, with the following members participating: Dr. J. R. Mitchell, "Symptomatology;" Dr. Arnett, "Etiology;" Dr. Luman, "Contagion and Infection;" Dr. Jurgens, "Pathology;" Dr. Geo. Brown, "Treatment."

H. JURGENS, Secretary.

HOWELL COUNTY MEDICAL SOCIETY.

Dr. J. W. Bingham, President.
Dr. H. C. Shuttee, Secretary.

At the regular meeting of the Howell County Medical Society on June 1st, there was a good attendance of the members. Dr. J. W. Bingham read a paper on "Acute Rheumatism in Children," and Dr. H. C. Shuttee read a paper entitled "Adenoid Growths of the Nasopharynx." Both of these papers were generally discussed by those present.

The next meeting of the society will be held August 3d, and as this is the annual meeting business matters of great importance to the profession of the entire county will come up for attention. A full attendance of the members is earnestly requested.

H. C. SHUTTEE, Reporter.

ANDREW COUNTY MEDICAL SOCIETY.

D. B. Bryant, President
C. O. Jeffries, Secretary.

The regular meeting was held in Savannah, on June 7th, Dr. D. B. Bryant presiding. This was the first meeting held by this society since its organization on April 12th, at which time twenty physicians, out of a total of twenty-eight practitioners in the county, were present.

After reading the minutes of the preceding meeting the society was agreeably entertained by a paper on "Tumors," read by Dr. Jacob Geiger, of St. Joseph. Several interesting reports were made on cases of detached placenta followed by hemorrhage before full term, and several cases of placenta previa were reported.

Dr. Geiger also reported an interesting case of ether pneumonia following an operation for hernia. All the members participated in the discussion of the paper by Dr. Geiger, and in the cases reported.

DUNKLIN COUNTY MEDICAL SOCIETY.

Dr. N. F. Melley, President.
Dr. G. L. Johnson, Secretary.

Dunklin County Medical Society has had four papers read at the last two meetings and at one meeting a lecture on "Gall Stones." The society is in a flourishing condition, with twenty-two members, and applications coming in at almost every meeting. It is only a question of time until every eligible physician in the county will be a member of the society.

G. L. JOHNSON, Secretary.

FRANKLIN COUNTY MEDICAL SOCIETY.

Dr. H. A. Booth, President.
Dr. A. C. Brown, Secretary.

The regular meeting of Franklin County Medical Society was held at Pacific, on June 6th. Dr. I. M. Owens, of Beaufort, read an interesting paper on "Senile Gangrene," and reported a case. Dr. Charles F. Bright presented a paper entitled "Some Suggestive Helps to the General Practitioner," and Dr. Kitchell, of St. Clair, entertained the members with a collection of "Humorous Quotations and Pointers From the Busy Doctor." The meeting was full of interest and all joined in the discussion of the papers.

It was decided to hold regular meetings quarterly at Pacific and one spe-

cial meeting at Union, on the last Tuesday in July.

A. C. BROWN, Reporter.

NEWTON COUNTY MEDICAL SOCIETY.

Dr. J. W. Lamson, President.
Dr. Horace Bowers, Secretary.

Newton County Medical Society met in regular session on June 13th at Neosha, fourteen members being present. Dr. R. C. Lamson read a paper on "Trifacial Neuralgia;" Dr. R. L. Willis read a paper on "Dysentery," and Dr. A. W. Benton presented a paper on "Non-operative Treatment of the Female Pelvic Organs." These papers were all of great interest to the members and were followed by a full discussion.

The Newton County Society is in a flourishing condition and great interest is manifested by all members.

HORACE BOWERS, Secretary.

GREENE COUNTY MEDICAL SOCIETY.

Dr. W. P. Patterson, President.
Dr. Robt. M. Cowan, Secretary.

Greene County Medical Society met in regular session in council chamber of city hall, at Springfield. Minutes of previous meeting read and approved. Members present: Drs. Patterson, Woody, Fulton, Farnsworth, Smith, Cox, Terry, Coffelt and Cowan.

On motion the committee on by-laws and affiliation was discharged.

Dr. Farnsworth, the treasurer, read his semi-annual report for 1905.

A motion was made and seconded that a warrant be drawn on treasurer for \$2, the dues of Dr. Sherman, the same to be forwarded to the secretary

of the State Medical Society. On motion the society proceeded to elect three members of the board of censors. Dr. Smith was elected for three years, Dr. Cox for two years, Dr. Farnsworth for one year.

The president announced that the other committees which are appointive would be announced later.

A general informal discussion relating to the society's future work consumed the remainder of the time.

As is the custom the society adjourned for the summer months. The next meeting being the first Saturday night in September.

ROBT. M. COWAN, Secretary.

PLATTE COUNTY MEDICAL SOCIETY.

Dr. R. P. Davis, President.

Dr. G. C. Coffey, Secretary.

Platte County Medical Society met at Camden Point, June 7th. The program for the meeting had been placed in the hands of the wives of the members, and the first part of the evening was devoted to a social entertainment provided by the ladies. Miss Margaret Herndon recited, and Miss Margaret Redman entertained with a song. Mrs. A. S. Herndon read a paper entitled "If I Were a Doctor," which was greatly enjoyed by all present.

Dr. E. McD. Coffey gave a short and interesting talk on the "Pioneer Days in Medicine in Platte County." Dr. Sampson and Dr. W. H. Coffey, of Kansas City, were present and entertained the members with short talks. Dr. Redman made his report as a delegate to the State Association, after which the society adjourned to meet in the office of Dr. Herndon,

where the scientific program was taken up.

Dr. Sampson presented a case of pseudo-membranous colitis. The subject was liberally discussed by the members present. Dr. Davis gave a microscopical demonstration of specimens from this case, which proved to be undigested banana fibers.

It is the intention of the society to make these outings annual events to be celebrated at different places in the county once a year. The next meeting will be held at Platte City, July 5th.

G. C. COFFEY, Reporter.

PULASKI COUNTY MEDICAL SOCIETY.

Dr. W. L. Reagan, President.

Dr. G. W. Orrick, Secretary.

On May 11th the physicians of Pulaski county met at Richland and organized a county society. Nine physicians were present—Drs. R. F. Harrison, W. C. Carter, M. T. Rowlin, W. L. Reagan, Ernest A. Oliver, H. C. Murphy, Geo. W. Thume, G. W. Orrick and N. J. Stebbins. Dr. Reagan was elected president; Dr. Harrison, vice-president; Dr. Orrick, secretary and treasurer. A committee was appointed to draft a constitution and by-laws in harmony with the constitution and by-laws of the State Medical Association. Drs. Tice, Rowlin and Murphy were appointed censors. Dr. Harrison was elected delegate to the State Association.

At the next meeting Dr. Oliver will read a paper on appendicitis, and Dr. Carter a paper on typhoid fever. The society meets quarterly, the next meeting occurring the first Monday in August.

ST. LOUIS COUNTY MEDICAL SOCIETY.

Dr. H. G. Wyer, President.
Dr. H. T. Randle, Secretary.

The St. Louis County Medical Society held its last regular meeting on May 10, 1905. The meeting was called to order by the president at 8 P. M. Minutes of the last meeting were read and approved. The reports of committees were held over, as they were not in readiness to report. The name of Wm. H. Townsend, of Maplewood, was presented for membership by Dr. Guibor, and referred to the committee.

Dr. Guibor, of Maplewood, read a very excellent paper on "Cerebro-Spinal Meningitis." Discussion by the society. A vote of thanks was tendered Dr. Guibor.

Dr. H. G. Wyer, of Kirkwood, also read a very interesting and practical paper on the "Care and Feeding of Infants." Discussion led by Dr. Moore.

The meeting adjourned at 10 P. M. to meet again in June.

DR. H. T. RANDLE, Secretary.

MILLER COUNTY MEDICAL SOCIETY.

Dr. S. P. Hickman, President.
Dr. G. D. Walker, Secretary.

The regular meeting of the Miller County Medical Society was held at Olean on June 1st. Dr. J. L. Gilleland presented a case of endocarditis following rheumatism, the patient being a child of eight years old. The discussion of diagnosis and treatment of endocarditis was participated in by all the members present. Dr. H. H. Brockman read a paper on "Anes-

thesia," in which he discussed the various anesthetics, both local and general, and the methods of administering same. Dr. J. W. Temple opened a discussion upon the subject of "Catarrhal Pneumonia," in which all the members joined. On motion Dr. A. J. Nixdorf was elected an honorary member for life. A vote of thanks was tendered the resident physicians of Olean, Drs. Allee and Gilleland, for the splendid entertainment furnished the visiting members. The society adjourned to meet the first Thursday in September at Ulman.

G. D. WALKER, Reporter.

PETTIS COUNTY MEDICAL SOCIETY.

Dr. W. C. Overstreet, President.
Dr. W. J. Ferguson, Secretary.

At the meeting of the Pettis County Medical Society, held May 15, 1905, Dr. Martin presented a paper on "Infantile Convulsions," which was well received and brought out quite an interesting discussion by all present. Dr. Dunlap said it was a condition which gave a great deal of alarm to the parents and attendants and the physician should be very careful lest he be carried off his feet in the excitement and bear in mind that it is generally something which soon exhausts itself. He considered chloroform very unsatisfactory. If the stomach is overloaded he administers an emetic and often supplements this with an enema. He had never seen convulsions followed by epilepsy except possibly one case and in that case the family was extremely nervous and other members were afflicted with epilepsy. Phenacetine and acetanilide he had found very effective.

Dr. Wood had seen a good many cases and only one that proved fatal; that was due to uremia. He had seen some cases which seemed epileptoid in character, but usually they were caused by some stomach trouble. Dr. Fisher favored cold applications to the head and warmth to the body; he usually administers a calomel purge, followed by salol. Dr. Cowan advised the correction of an overloaded stomach and free movement of the bowels. The prognosis should always be guarded as there is usually a second attack. It was wise to always suspect epilepsy. Dr. Bohling thought the vast majority of cases were caused by gastro-intestinal trouble of some kind which should be corrected. He usually gave bromide of potash in recurrent attacks. Dr. Cartwright said his experience had been that these convulsions always occurred with a high fever as in pneumonia, scarlet

fever and following tubercular meningitis and that treatment was very unsatisfactory. Dr. Cole said the proper way to use chloroform was to give it to complete narcosis, and advised morphine when there were more than three spasms. He believed most of the cases were due to ptomaine poisoning. Dr. Ferguson was greatly interested in the paper. He believed the usual cause from some trouble in the gastro-intestinal tract and advised emptying both the stomach and bowels. He had seen one case of epilepsy following convulsions in infancy.

Dr. Cartwright presented a case in which he and Dr. Ferguson had resected the upper third of the left humerus, about one and a half years ago for caries. The result seemed good and bones were reforming, but two or three small sinuses remained which called for a second operation.

W. J. FERGUSON, Secretary.

NEWS ITEMS.

THE MEDICAL SOCIETY OF THE MISSOURI VALLEY.

ANNUAL MEETING AT COUNCIL BLUFFS,
AUGUST 24-25, 1905.

The eighteenth annual meeting of this organization will occur on Thursday and Friday, August 24th and 25th, in the city of Council Bluffs, under the presidency of Dr. S. Grover Burnett, of Kansas City. The local arrangements are in the hands of Dr. V. L. Treynor and an able corps of assistants, which assures an enjoyable time. Two symposiums, one on "Pulmonary Tuberculosis" and the other on "Diabetes," will be presented. Those who wish to contribute papers on these or any other

subjects should communicate with the secretary at once, as the program will be limited, and papers will be placed in the order in which the titles are received.

CHAS. WOOD FASSETT,
Secretary.

SURGICAL AND OBSTETRICAL INSTRUMENTS FOR SALE.

The surgical and obstetrical instruments of the late Dr. A. Derivaux, consisting of the most recent models, are for sale at reasonable prices. Mrs. Derivaux will furnish list of instruments and prices to applicants. Address 2723 Russell avenue, St. Louis, Mo.

HOSPITAL INTERNE (MALE).

EXAMINATION FOR PANAMA CANAL,
JULY 12-13, 1905.

The United States Civil Service Commission announces an examination on July 12-13, 1905, at the places mentioned below, to secure eligibles from which to make certification to fill vacancies in the position of hospital interne under the Isthmian Canal Commission on the Isthmus of Panama. Two days will be required for this examination. Men only will be admitted to this examination. Each applicant for the Isthmian Canal service will be required to submit to the examiner, on the day he is examined, a photograph of himself, taken within three years, which will be filed with his examination papers as a means of identification in case he receives appointment. An unmounted photograph is preferred. The date, place and kind of examination, the examination number, the competitor's name and the year in which the photograph was taken should be indicated on the photograph. Age limit, 20 to 30 years on the date of the examination; salary, \$50 per month, with board and quarters, provided that if appointees are retained in the position of interne after one year they will be paid \$125 per month. Only graduates of reputable medical schools having a three years' course will be admitted to this examination.

The examination will consist of the subjects mentioned below, with the relative weights indicated:

Subjects.	Weights.
1. Letter-writing (the subject-matter on a topic relative to the practice of medicine).....	5
2. Anatomy and physiology (general questions on anatomy and physiology, and histologic or minute anatomy).....	15
3. Chemistry, materia medica and therapeutics (elementary questions in inorganic and organic chemistry; the physiological action and therapeutic uses and doses of drugs).....	10
4. Surgery and surgical pathology (general surgery, surgical diagnosis; the pathology of surgical diseases).....	20
5. General pathology and practice (the symptomatology, etiology, diagnosis, pathology and treatment of disease).....	25
6. Bacteriology and hygiene (bacteriologic methods, especially those relating to diagnosis; the application of hygienic methods and prophylaxis and treatment)...	10
7. Obstetrics and gynecology (the general practice of obstetrics; diseases of women, their pathology, diagnosis, symptoms and treatment, medical and surgical)...	15
Total	100

Applicants should at once apply, either to the United States Civil Service Commission, Washington, D. C., or to the secretary of the board of examiners at any place mentioned in the accompanying list, for application Form 1312. The medical certificate in Form 1312 must be filled in by a reputable practicing physician. No application will be accepted unless properly executed and filed with the Commission at Washington. In applying for this examination the exact title as given at the head of this announcement should be used in the application.

The examination may be taken on the date mentioned at any of the following places: Jefferson City, Kansas City, Kirksville, Springfield, St. Louis.

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 Kaltenbach, E., Craig.
 Miller, J. W., Mound City.
 Miller, E. M., Mound City.
 Minton, J. R., Fortesque.
 Quigley, B. T., Mound City.
 Tracy, J. M., Mound City.
 Williams, Ira, Maitland.

HOWARD COUNTY.

A. W. MOORE, President.

C. W. WATTS, Secretary.

MEMBERS.

Bonham, V., New Franklin.
 Burkholder, O. F., Higbee.
 Champion, J. R., Hildale.
 Cordry, H. V., New Franklin.
 Dinwiddle, T. H., Higbee.
 Fleet, J. B., New Franklin.
 Haller, E. C., Harrisburg.
 Hume, J. Y., Armstrong.

Lewis, C. O., Fayette.
 Lee, C. H., Fayette.
 Smith, N. E., Boonsboro.
 Thompson, W. S., Armstrong.
 Watts, C. W., Fayette.
 White, J. A., New Franklin.
 Wood, J. F., Harrisburg.
 Wright, U. S., Fayette.

HOWELL COUNTY.

J. W. BINGHAM, President.

H. C. SHUTTEE, Secretary.

MEMBERS.

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Culp, J. C., Koshkonong.
Davis, J. C. B., Mountain View.
Dixon, J. C. B., West Plains.
Johnson, J. McBride, West Plains.
Mitchell, E. H., Pottersville.
Nichols, D. J., West Plains.

Reiley, J. F., West Plains.
Rowe, H. J., Willow Springs.
Shuttee, H. C., West Plains.
Spears, Robt. S., West Plains.
Thompson, A. H., Lanton.
Thornburg, A. H., West Plains.

IRON COUNTY.

R. W. GAY, President.

IRA. A. MARSHALL, Secretary.

MEMBERS.

Adams, J. Q., Belleview.
Adams, J. Q., Goodland.
Clarkson, David, Annapolis.

Gay, R. W., Ironton.
Marshall, Ira A., Ironton.

JACKSON COUNTY (KANSAS CITY).

ROBERT T. SLOAN, President.

MAX GOLDMAN, Secretary.

MEMBERS.

Abrams, W. E.
Adams, Noah.
Anderson, H. C.
Armour, Wallace A.
Ayres, Samuel.
Balsley, J. A.
Barbee, C. M.
Beattie, Thos. J.
Beedle, G. A.
Bell, J. Wallace.
Bellows, G. E.
Berry, G. F.
Binnie, J. F.
Block, J.
Bowman, Dora E., 608 E. 30th St.
Bowman, J. W.
Brainard, B. F.
Brown, Ralph J.
Bruehl, Julius.
Brunig, F. H., 3rd & Metropolitan Ave.
Burckhardt, A. E.
Burke, C. L.
Burnett, S. Grover.
Burrill, C. W.
Callaghan, Richard.
Campbell, Wm. L.
Carbaugh, Eugene.
Carl, S. T., 350 Ridge Bldg.
Castelaw, R. E.
Cathcart, C. P.
Chambers, J. Q., 705 Shukerf Bldg.
Chambliss, E. L.
Child, Scott P.
Clements, Jos.
Coffey, W. H.
Coffin, G. O.
Coleman, H. B.
Cook, F. L.
Cordier, A. H.
Cross, R. O.
Crowder, W. H., 532 Harlesby Ave.
Crowell, H. C.
Curry, E. R.
Dailey, F. W.
Dannaker, C. A.
Davis, A. W.
Davis, G. W.
Dove, O. H.
Drake, N. A.

Dunham, S. A.
Edmonson, M. M., 2220 Brooklyn Ave.
Eldredge, J. S.
Eubank, A. E., 3021 Southwest Blvd.
Farney, H. Mercedes.
Fields, Thomas.
Foster, Hal.
Frankenberger, J. M.
Freyman, A. A.
Frick, William.
Frick, W. J.
Fryer, B. E.
Fulton, A. L.
Fulton, C. M.
Gaines, J. W.
Goldman, Max.
Greenlee, A. R.
Griffith, J. D.
Hall, C. Lester.
Hall, D. Walton.
Hall, Frank J., 7th & Washington Sts.
Halley, George, Ridge Bldg.
Hamel, Geo. F., Mo. Pac. Hospital.
Hanawalt, H. O., 1214 Main St.
Hanna, M. A., 710 Penn St.
Hardin, C. E., Rialto Bldg.
Harrison, N. O., Rialto Bldg.
Harrington, J. L., Shukert Bldg.
Harrison, Addison.
Hashinger, Geo. H., Rialto Bldg.
Hays, H. C., 310 Century Bldg.
Hedrick, C. L. V., 1108 Walnut St.
Henry, Fannie J., 2203 Brooklyn Ave.
Hertzler, A. E., 508 Altman Bldg.
Hetherington, E. M., Altman Bldg.
Hickerson, J. C.
Hill, Howard, Rialto Bldg.
Horgan, J. A., 3100 Main St.
Hubbard, E. E., Rialto Bldg.
Hyde, B. C., 404 Bryant Bldg.
Iuen, F. J., 1330 Grand Ave.
Jacobs, Ben, Altman Bldg.
Jackson, C. A.
Jackson, J. N., Rialto Bldg.
Jerowitz, H. D.
Johnson, J. H.
Jones, O. F.
Jones, K. P.
James, S. C., Bryant Bldg.

Jenkins, W. H.
 King, W. E.
 Kepner, Jno. W.
 Kimberlin, Jos. W.
 Knoche, J. P., Ridge Bldg.
 Kuhn, Wm. F., Deardorff Bldg.
 Kyger, J. W., 815 E. 31st St.
 Lahmer, Ira B., 1336 Broadway.
 Lane, H. H.
 Langsdale, J. M., Altman Bldg.
 Laning, J. H., 1221 Washington St.
 Lee, R. H.
 Lyle, Halsey M.
 Loyd, O. H., Oak Grove.
 Lauranzana, Louis, 5th & Cherry Sts.
 Leonard, H. O., 1214 Main St.
 Leonard, W. H., 601 Southwest Blvd.
 Lester, Chas. H., Bryant Bldg.
 Lewis, J. K., 12th & Troost Ave.
 Lewis, Nannie P., 1219 Wyandotte St.
 Lichtenberg, Jos., 1209 Wyandotte St.
 Logan, James E., 1229 Wyandotte St.
 Look, H. H.
 Luscher, Louis W., 12th & Grand Ave.
 McCall, H. B., 12th & Main Sts.
 McCandless, O. H.
 McCrea, Maggie, Rialto Bldg.
 McDonald, Chet., Rialto Bldg.
 McDonald, Park L., 527 Rialto Bldg.
 McKee, Jos. W., Rialto Bldg.
 McQuade, H. D.
 McVey, Newton, Rialto Bldg.
 Manahan, J. H.
 Mann, A. W.
 Mark, E. G., 1208 Wyandotte St.
 Martin, H. L., 601 E. 12th St.
 Martin, J. C.
 Merriman, C. S.
 Middleton, James, 412 N. Montgall Ave.
 Miller, Abram., Rialto Bldg.
 Miller, Hugh, Shukert Bldg.
 Mitchell, G. B., Rialto Bldg.
 Mitchell, John T., Rialto Bldg.
 Montgomery, W. E., Rialto Bldg.
 Morris, W. C., 12th & Oak Sts.
 Morrow, C. J., Bryant Bldg.
 Morrow, W. F., Altman Bldg.
 Mosher, Geo. C., Bryant Bldg.
 Mott, Jno. S., Rialto Bldg.
 Murphy, Franklin E., Deardorff Bldg.
 Neff, F. C., Altman Bldg.
 Newhouse, Stanley, Rialto Bldg.
 Norberg, Geo. P.
 Owens, M. J.
 O'Connor, C., 815 McGee St.
 O'Donnell, Alfred, 327 Altman Bldg.
 Parker, O. H., Rialto Bldg.
 Pearce, Herman E., Rialto Bldg.
 Perkins, John W., Altman Bldg.
 Pettijohn, N. J., Shukert Bldg.
 Porter, Allen, Rialto Bldg.
 Porter, D. R., 10th & Washington Sts.
 Punton, John, Altman Bldg.
 Pickerill, C. W.
 Pinckard, C. G.
 Rathbone, F. W., Rialto Bldg.
 Reed, W. M., Rialto Bldg.
 Reyling, F. T., Altman Bldg.
 Richardson, Katherine B., Ridge Bldg.
 Ridge, L. M., Ridge Bldg.
 Riegle, D. H., Altman Bldg.
 Ritter, C. A., Altman Bldg.
 Roberts, Clarence F., 720 Shukert Bldg.
 Roberts, C. S.
 Robertson, J. A., 705 Shukert Bldg.
 Robinson, Ernest F., Bryant Bldg.
 Robinson, J. L., Altman Bldg.
 Rogers, J. C., Rialto Bldg.
 Rosenwald, Leon, Rialto Bldg.
 Sams, W. M., 806 Independence Ave.
 Sanders, Frank L.
 Sanders, St. Elmo, Rialto Bldg.
 Sandzen, Carl, Rialto Bldg.
 Sawyer, J. F., 5th & Lydia Ave.
 Schaufier, E. W., Deardorff Bldg.
 Schaufier, Robt. McE., Deardorff Bldg.
 Schutz, W. H., Bryant Bldg.
 Strother, J. S.
 Scott, J. N., Ridge Bldg.
 Sexton, M. P., Century Bldg.
 Sherer, Jos. W., 1208 Wyandotte St.
 Singleton, J. M., 15th & Troost Ave.
 Sloan, Robt. T., Rialto Bldg.
 Smith, Avis E., University Bldg.
 Smith, Robt. M., 203 E. 12th St.
 Spaulding, C. L., Altman Bldg.
 Stephens, Nannie A., 813 E. 31st St.
 Stewart, E. L., 521 Shukert Bldg.
 Streett, St. Clair, 123 W. 12th St.
 Sheley, O. C., Independence.
 Stevens, W. W., Greenwood.
 Talbot, Ambrose, Rialto Bldg.
 Taylor, L. G., 720 Woodland Ave.
 Tesson, N. A. G., 12th & Cleveland Ave.
 Thomas, A. W., Shukert Bldg.
 Thompson, G. B., 16th & Genessee Sts.
 Thompson, James, Rialto Bldg.
 Thompson, J. H., Deardorff Bldg.
 Thornton, T. R., 15th & Lydia Ave.
 Thrailkill, E. H., Rialto Bldg.
 Tiffany, F. B., 811 McGee St.
 Trimble, W. K., 2317 Main St.
 Trueman, H. G., 702 Commerce Bldg.
 Twyman, G. T.
 Tyree, W. C., Rialto Bldg.
 Van Eman, F. T., Altman Bldg.
 Van Quast, Ernst, Century Bldg.
 Waddell, Susan C., 3027 Montgall Ave.
 Wall, A. H., 3839 Independence Ave.
 Watson, B. F., Rialto Bldg.
 Wedding, E. V., 15th & Brooklyn Ave.
 Weiss, F. H.
 Welch, A. J., 29th & Southwest Blvd.
 West, W. C.
 Wever, J. S.
 Wheeler, B. H., 3919 Main St.
 Wheeler, B. S., 12th & Grand Ave.
 Willitts, W. C., Rialto Bldg.
 Wilson, A. M., 906 Main St.
 Wilson, Dora G., 9th & Locust Sts.
 Wilson, John, 720 Shukert Bldg.
 Wolf, I. J., Rialto Bldg.
 Wood, N. P.
 Young, Oscar O.
 Zwart, B. H., 12th & Main Sts.

JASPER COUNTY.

A. B. FREEMAN, President.

J. T. STAMEY, Secretary.

MEMBERS.

Balsley, T. M., Joplin.
 Cummings, C. C., Joplin.
 Chenoweth, L. C., Webb City.
 Clark, J. W., Cartersville.
 Freeman, A. B., Joplin.
 Granthan, S. A., Joplin.
 Gray, J. M., Chitwood.
 James, R. M., Joplin.

Kay, Z. L., Joplin.
 Kelso, R. S., Joplin.
 Kinchelow, M. B., Joplin.
 Lewis, W. E., Chitwood.
 Lanyon, W. H., Joplin.
 Matthews, L. I., Joplin.
 Miller, S. H., Joplin.
 Miller, Geo. W., Joplin.

Neff, R. L., Joplin.
 Nunn, G. G., Joplin.
 Pifer, J. D., Joplin.
 Rogers, W. H., Asbury.
 Snyder, R. A., Joplin.

Shelton, C. M., Joplin.
 Stamey, J. T., Joplin.
 Spriggs, M. S., Joplin.
 Watkins, C. H., Joplin.

JEFFERSON COUNTY.

W. H. FARRAR, President.

H. W. ELDERS, Secretary.

MEMBERS.

Auerswald, G. A., De Soto.
 Bryan, C. G., De Soto.
 Donnell, R. E., De Soto.
 Donnell, J. F., Festus.
 Elders, H. Will, De Soto.
 Elders, G. W. N., Hematite.
 Elders, Geo. W., Ware.
 Farrar, W. H., De Soto.
 Gibson, W. E., De Soto.
 Hensley, O. E., Pevely.
 Harris, C. G., Festus.

Hamel, A. H., DeSoto.
 Hull, W. W., Sulphur Springs.
 Jones, J. E., Hillsboro.
 Long, F. S., De Soto.
 McNutt, I. N., Pevely.
 Mockbee, G. M., Hillsboro.
 Neff, J. E., De Soto.
 Pickel, J. W., Crystal City.
 Prentiss, H. S., De Soto.
 Stegman, J. E., Frumet.
 Tidwell, Geo. W., De Soto.

JOHNSON COUNTY.

M. P. SHY, President.

E. H. GILBERT, Secretary.

MEMBERS.

Aber, W. H., Montserrat.
 Adcock, J. A. B., Warrensburg.
 Anderson, J. T., Cornelia.
 Anderson, J. L., Warrensburg.
 Bozarth, John A., Centerville.
 Berry, A. J., Warrensburg.
 Bradley, T. L., Warrensburg.
 Case, Z., Warrensburg.
 Gilbert, E. H., Warrensburg.
 Hall, O. B., Warrensburg.
 Johnson, W. E., Warrensburg.

Murray, L. F., Warrensburg.
 Ozias, C. O., Warrensburg.
 Park, Henry, Dunksburg.
 Porter, W. E., Knobnoster.
 Rice, J. M., Columbus.
 Schofield, L. J., Warrensburg.
 Schooley, R. C., Robins.
 Shy, M. P., Knobnoster.
 Thompson, W. G., Holden.
 Tilton, A. L., Truxton, Ariz.

KNOX COUNTY.

L. S. BROWN, President.

HENRY J. JURGENS, Secretary.

MEMBERS.

Arnett, Andrew, Novelty.
 Brown, Geo. S., Edina.
 Brown, L. S., Edina.
 Jurgens, Henry J., Edina.

Luman, E., Baring.
 Myers, James, Greensburg.
 Northcutt, J. R., Knox City.
 St. John, Horace H., Edina.

LACLEDE COUNTY.

J. M. BILLINGS, President.

J. A. McCOMB, Secretary.

MEMBERS.

Anderson, J. M., Conway.
 Barker, J. C., Russ.
 Billings, J. M., Lebanon.
 Carleton, C. E., Stoutland.
 Jacobs, J., Conway.
 Lockwood, W. A., Conway.

McComb, J., Lebanon.
 McComb, J. A., Lebanon.
 Perkins, J. M., Lebanon.
 Pinckard, J. A., Lebanon.
 Ritchey, Robt., Dry Glaze.
 Smith, J. M., Orla.

LAFAYETTE COUNTY.

P. S. FULKERSON, President.

C. T. RYLAND, Secretary.

MEMBERS.

Braecklein, W. A., Higginsville.
 Blakely, W. A., Higginsville.
 Cope, J. Q., Lexington.
 Carter, R. C., Higginsville.

Fredenall, G. W., Lexington.
 Fulkerson, P. S., Lexington.
 Fulkerson, J. J., Lexington.
 Hitt, R. E. L., Dover.

Harwood, W. G., Dover.
Mann, J. A., Wellington.
Mann, F. W., Wellington.
Perrie, J., Mayview.

Ryland, C. T., Lexington.
Sneider, J. A., Concordia.
Webb, W. C., Higginsville.
Williams, H., Odessa.

LINCOLN COUNTY.

S. R. McKAY, President.

W. P. SMITH, Secretary.

MEMBERS.

Avery, C. D., Troy.
Beatty, J. D., Troy.
Blackamore, T. A., Olney.
Duwelins, L. H., Briscoe.
Hicks, E. A., Old Monroe.
Mackey, A. C., Ethlyn.

McKay, S. R., Troy.
Parker, J. H., Moscow Mills.
Pendleton, L., Troy.
Smith, W. P., Troy.
Strickland, J. R., Moscow Mills.
Taylor, A. M., Elsberry.

LINN COUNTY.

KATHRYN V. STANDLY, President.

D. F. HOWARD, Secretary.

MEMBERS.

Burke, J. L., Laclede.
Purke, F. W., Laclede.
Buck, U. G., Rothville.
Cochran, F. B., Brookfield.
Cantwell, J. L., Bucklin.
Dryden, U. C., Purdin.
Eure, J. B., Brookfield.
Evans, J. S., Brookfield.
Fore, T. P., Brookfield.
Haley, Robt., Brookfield.
Howard, D. F., Brookfield.
Jenkins, C. E., Brookfield.
Lane, J. W., Linneus.

Morris, Robt. H., Linneus.
Mason, J. W., Brookfield.
Putnam, Ola, Marceline.
Putnam, B. B., Marceline.
Pettijohn, A. C., Brookfield.
Perrin, J. H., Marceline.
Oven, T. P., Brookfield.
Standly, Kathryn V., Brookfield.
Standly, Z. T., Laclede.
Standly, E. D., Linneus.
Stratton, C. D., Rothville.
Thompson, J. M., Meadville.

LIVINGSTON COUNTY.

DAVID GORDON, President.

JOHN F. CHERRINGTON, Secretary.

MEMBERS.

Alberty, O. L., Dawn.
Alexander, G. W., Chula.
Beeman, S. M., Chillicothe.
Barney, R., Chillicothe.
Batdorff, F. P., Farmersville.
Carver, H. N., Chillicothe.
Cabell, R. H., Chillicothe.
Carlyle, L. P., Wheeling.
Cherrington, J. F., Chillicothe.
Chaffin, R. E., Avalon.
Gordon, Geo. A., Chillicothe.
Gibson, H. C., Mooresville.
Girdner, W. M., Chillicothe.
Grace, H. M., Chillicothe.
Gordon, David, Chillicothe.

Hutchinson, G. W., Chillicothe.
Houf, W., Farmersville.
Henderson, W. A., Chillicothe.
Murray, R. W., Dawn.
Ogan, E. F., Chula.
Piatt, K. S., Chillicothe.
Stevens, B. N., Chillicothe.
Simpson, A. J., Chillicothe.
Simpson, W. R., Chillicothe.
Swope, Wm. A., Wheeling.
Tracy, L. E., Chillicothe.
Trimble, J. W., Wheeling.
Winter, J. H., Utica.
White, W. L., Springhill.

MACON COUNTY.

E. S. SMITH, President.

G. B. RUSH, Secretary.

MEMBERS.

Allen, F. W., Callao.
Bradley, W. E., Ethel.
Brewington, G. F., Bevier.
Burton, S. L., College Mound.
Campbell, J. F., La Plata.
Drew, F. W., Ethel.
Hunt, J. R., Ardmore.
Millam, B. J., Macon.
Miller, A. B., Macon.
Miller, G. A., College Mound.
Miller, W. H., Macon.
Naylor, O., Atlanta.
Norris, T. J., Macon.

Pipkin, W. D., Excello.
Raines, A. M., Tenmile.
Reagan, C. W., Macon.
Rush, G. B., Lathrop.
Schwab, B. C., Ardmore.
Smith, C. W., Keota.
Smith, E. S., Macon.
Southern, J. N., Atlanta.
Tainter, Paul F., Callao.
Tripier, F. L., College Mound.
Webb, W. E., Macon.
Welch, W. A., Callao.

MADISON COUNTY.

G. W. GREENWOOD, President.

C. U. DAVIS, Secretary.

MEMBERS.

Anthony, C. A., Fredericktown.
 Barrows, W. Harry, Fredericktown.
 Cozzens, E. P., Fredericktown.
 Davis, C. U., Fredericktown.
 Dines, G. L., Mine LaMotte.

Greenwood, G. W., Fredericktown.
 Haley, O., Fredericktown.
 Renfroe, J. H., Fredericktown.
 Slaughter, S. C., Fredericktown.

MARION COUNTY.

R. H. GOODIER, President.

F. JANET REID, Secretary.

MEMBERS.

Banks, H. L., Hannibal.
 Baskett, J. N., Hannibal.
 Bounds, E. H., Hannibal.
 Bourn, J. J., Hannibal.
 Bush, F. W., Hannibal.
 Chilton, J. C., Hannibal.
 Chowning, Thos., Hannibal.
 Farrell, J. J., Hannibal.
 Goodier, Robt. H., Hannibal.

Hays, W. H., Hannibal.
 Hornback, E. T., Hannibal.
 Primm, J. M., Hannibal.
 Reid, F. Janet, Hannibal.
 Shanks, A. L., Hannibal.
 Schmidt, Richard, Hannibal.
 Vandiver, C. E., Palmyra.
 Waldo, E. E., Hannibal.

MCDONALD COUNTY.

E. F. DOTY, President.

M. L. SELLERS, Secretary.

MEMBERS.

Beeson, H. O., Noel.
 Best, W. S., Anderson.
 Chase, A. U., Tiff City.
 Denman, J. I., Southwest City.
 Doty, E. T., Anderson.

Horton, W. H., Jane.
 Sellers, M. L., Anderson.
 Smith, B. F., Southwest City.
 St. John, O., Pineville.

MERCER COUNTY.

H. P. CHESMORE, President.

C. R. BUREN, Secretary.

MEMBERS.

Bristow, G. M., Princeton.
 Buren, Chas. R., Princeton.

Chestmore, H. P., Princeton.
 Copeland, C. C., Mill Grove.

MILLER COUNTY.

S. P. HICKMAN, President.

G. D. WALKER, Secretary.

MEMBERS.

Allee, W. S., Olean.
 Bowlin, B. F., Bagnell.
 Brockman, C. O., Bagnell.
 Brockman, H. H., Eldon.
 DeVilbiss, F., Spring Garden.
 Gilleland, J. L., Olean.

Hickman, S. P., Ulman.
 Kouns, D. H., Tusculmbia.
 Nixdorf, A. F., Pleasant Farm.
 Temple, J. W., Eldon.
 Walker, G. D., Eldon.

MISSISSIPPI COUNTY.

A. J. MARTIN, President.

W. P. HOWLE, Secretary.

MEMBERS.

Boggan, P. P., East Prairie.
 Chapman, A. W., Charleston.
 Hammer, W. D., Bertrand.
 Howle, W. P., Charleston.
 Martin, A. J., East Prairie.

Ogilvie, R. K., Charleston.
 Rowe, John M., Charleston.
 Reed, H. L., Charleston.
 Story, C. A., Diehlstadt.
 Wallace, G. R., Bertrand.

MONITEAU COUNTY.

J. B. STEWART, President.

W. R. PATTERSON, Secretary.

MEMBERS.

Bramel, H. W., McGirk.
 Burke, J. P., California.
 Crum, J. A., California.
 Dearing, W. A., Jamestown.
 Elliott, W. H., Bunceton.
 Freudenberger, H., Centertown.
 Inglish, J. E., Bacon.
 Klueber, H. C., California.
 Latham, W. H., Latham.

Marsh, J. W., Tipton.
 Norman, J. E., California.
 Patterson, W. R., Tipton.
 Popejoy, H. R., High Point.
 Robertson, J. M., Latham.
 Stewart, J. B., Clarksburg.
 Thorpe, A. B., Jamestown.
 Wilson, G. S., Fortuna.

MONROE COUNTY.

S. M. BROWN, President.

M. C. McMURRAY, Secretary.

MEMBERS.

Baker, Chas., Santa Fe.
 Bell, W. T., Stoutsville.
 Blankenship, W. R., Madison.
 Bodine, S. M., Paris.
 Brown, John E., Florida.
 Brown, S. M., Monroe City.
 Carver, F. H., Madison.
 Cassity, G. H., Tulip.
 Day, C., Paris.
 Dixon, C. H., Holliday.

Duncan, Edward, Long Branch.
 Ely, A. E., Monroe City.
 Johnson, G. A., Holliday.
 Lloyd, T. B., Paris.
 McMurry, M. C., Paris.
 McNutt, W. B. A., Monroe City.
 Moss, F. M., Paris.
 Payne, H. C., Paris.
 Shobe, H. G., Paris.

MONTGOMERY COUNTY.

J. L. JONES, President.

W. M. WHEELER, Secretary.

MEMBERS.

Bonewitz, John, Jonesburg.
 Bellamy, J. A., Middletown.
 Graves, J. F., Montgomery City.
 Hudson, D. O., Montgomery City.

Jones, J. L., Jonesburg.
 Muns, G. E., Montgomery City.
 Nowlin, David, Montgomery City.
 Wheeler, W. M., High Hill.

MORGAN COUNTY.

W. L. HATLER, President.

J. T. BEALE, Secretary.

MEMBERS.

Beale, John T., Versailles.
 Blacksten, H. E., Excelsior.
 Bohling, Cord, Fyrnont.
 Hatler, W. L., Barnett.

Hubbard, Joel D., Versailles.
 Kelley, R. Q., Versailles.
 Lutmann, H. M., Versailles.
 Well, Wm., Versailles.

NEWTON COUNTY.

J. L. LAMSON, President.

HORACE BOWERS, Secretary.

MEMBERS.

Benton, A. W., Neosho.
 Bowers, H., Neosho.
 Bridges, J. M., Tipton Ford.
 Brown, W. D., Newtonia.
 Campbell, Wm., Seneca.
 Chapman, U. S., Diamond.
 Cravens, W. A., Granby.
 Foster, H. F., Neosho.
 Hancock, J. E., Newtonia.
 Harrison, G. Wm., Newtonia.
 Hodges, J. J., Granby.

Lamson, J. W., Neosho.
 Lamson, R. C., Neosho.
 Langley, J. W., Granby.
 Maas, A., Neosho.
 Mixer, H. M., Neosho.
 Porter, H. L., Seneca.
 Roseberry, E. M., Neosho.
 Russell, S. A., Stella.
 Vancleave, C. T., Neosho.
 Wills, R. L., Neosho.
 Yates, Paul C., Neosho.

NODAWAY COUNTY.

J. A. LARRABEE, President.

F. R. ANTHONY, Secretary.

MEMBERS.

Allen, A. B., Maryville.
 Anthony, F. R., Maryville.
 Crowson, E. L., Pickering.
 Cummins, K. C., Maryville.
 Day, Hiram, Parnell.
 Dean, J. W., Maryville.
 Dean, L. E., Maryville.
 Heryford, W. B., Pickering.
 Howell, C. F., Burlington Junction.
 Kessler, O. C., Ravenwood.
 Large, S. D., Hopkins.
 Larrabee, J. A., Barnard.

McClanahan, J. M., Guilford.
 Mills, H. P., Sheridan.
 Mills, O. M. P., Grant City.
 Morrison, J. B., Maryville.
 Nash, G. A., Maryville.
 Nesbitt, E. P., Sheridan.
 Pierpoint, J. E., Skidmore.
 Pollard, D. A., Barnard.
 Saylor, H. L., Elmo.
 Wallis, F. C., Maryville.
 Wallis, W. M., Maryville.

PEMISCOT COUNTY.

B. D. CROWE, President.

J. B. LUTEN, Secretary.

MEMBERS.

Byars, H. T., Caruthersville.
 Conrad, A. R., Caruthersville.
 Crowe, N. D., Caruthersville.
 Farris, J. C., Caruthersville.
 Hall, L. B., Caruthersville.
 Hendricks, M. B., Caruthersville.

Hudgings, M. H., Caruthersville.
 Luten, J. B., Caruthersville.
 Martin, Chas., Caruthersville.
 Phipps, G. W., Caruthersville.
 Tipton, Paul, Cooter.

PERRY COUNTY.

T. M. HUDSON, President.

F. M. VESSELLS, Secretary.

MEMBERS.

Blaylock, G. A., Silver Lake.
 Bowman, C. E., Longtown.
 Clark, J. P., Perryville.
 Estel, T. F., Altenberg.
 Garner, K. C., Crosstown.
 Hatcher, W. H., Perryville.

Hudson, T. M., Perryville.
 Manning, L. R., Brewer.
 Morton, D. F., Perryville.
 Russel, J. W., Longtown.
 Vessells, F. M., Perryville.

PETTIS COUNTY (SEDALIA).

W. C. OVERSTREET, President.

W. J. FERGUSON, Secretary.

MEMBERS.

Albers, E. A., Smithton.
 Bronson, F. T., Royal Tribe Bldg.
 Bohling, C., 5th & Ohio.
 Bishop, B. T., Hughesville.
 Cole, H. B., 501 So. Engineer.
 Cole, W. M., 501 So. Engineer.
 Collins, M. T., 219 Igenfritz Bldg.
 Cowan, W. G., 504 So. Ohio.
 Cartright, C. P., Sedalia R. F. D. No. 1.
 Clabough, O. W., Green Ridge.
 Dyer, David P., Dresden, Mo.
 Dunlap, W. O., 108 West Main St.
 Evans, W. H., Beaman.
 Ferguson, W. J., 321 So. Ohio.
 Ferguson, L., Green Ridge.
 Fisher, Amos T., Citizens' Bank Bldg.
 Harris, B. W., Georgetown.
 Hite, H. A., Green Ridge.
 Hubbard, Joel D., 13th & Ohio.
 Kelly, Sam, Igenfritz Bldg.

Knott, Minerva, E. 7th St.
 Love, J. G., M. K. & T. Hosp.
 McNeill, G. E., M. K. & T. Hosp.
 Mitchell, J., Lookout.
 Morley, Frank R., 1003 E. 5th St.
 Martin, John G., 700 E. Broadway.
 Overstreet, W. C., 312 S. Ohio.
 Prowell, J. D., Longwood.
 Parkhurst, C. L., Houstonia.
 Sutton, F. L., Hoffman Bldg.
 Shirk, W. S., Hoffman Bldg.
 Sands, M. L., Cole Camp.
 Simonds, Wallace, Katy Bldg.
 Trader, J. W., 5th & Ohio.
 Tyler, R. S., Dunksburg.
 Titsworth, G., 508 S. Ohio.
 Tucker, A. J., Igenfritz Bldg.
 Wood, E. A., Hoffman Bldg.
 Yancey, E. F., M. K. & T. Hosp.

PHELPS COUNTY.

B. T. SMITH, President.

S. L. BAYSINGER, Secretary.

MEMBERS.

Baysinger, S. L., Rolla.
 Breuer, W. H., St. James.
 Cowan, R. E., Edgar Springs.
 Gowins, O. G., St. James.

Johnson, R. L., Rolla.
 Rowe, Samuel B., Rolla.
 Short, Martha J., Rolla.
 Smith, B. T., Newburg.

PIKE COUNTY.

M. O. BIGGS, President.

T. GUY HETHERLIN, Secretary.

MEMBERS.

Biggs, M. O., Bowling Green.
 Brown, D. T., Cyrene.
 Hetherlin, T. Guy, Louisiana.

Kennedy, J. J., Frankford.
 Shelton, J. C., New Hartford.
 Tinsley, G. N., Bowling Green.

PLATTE COUNTY.

ROBERT P. DAVIS, President.

GRUNDY C. COFFEY, Secretary.

MEMBERS.

Barr, A. C., Linkville.
 Chastain, C. H., Weston.
 Coffey, E. McD., Platte City.
 Coffey, G. C., Platte City.
 Davis, R. P., Woodruff.
 Dinwiddie, F. G., Camden Point.
 Hale, J. M., Dearborn.
 Herndon, A. S., Camden Point.

Moore, M. H., Dearborn.
 Murray, E. W., Parkville.
 Patterson, Henry H., Edgerton.
 Redman, Spence, Platte City.
 Smedley, W. H., Weston.
 Swaney, W. D., Linkville.
 Wilson, R. P. C., Platte City.
 Winn, J. W., Platte City.

PULASKI COUNTY.

W. L. REAGAN, President.

G. W. ORRICK, Secretary.

MEMBERS.

Carter, W. C., Dixon.
 Harrison, R. T., Dixon.
 Murphy, H. C., Richland.
 Oliver, Everett A., Richland.
 Orrick, G. W., Crocker.

Quick, G. W., Crocker.
 Reagan, W. L., Richland.
 Rolens, M. F., Dixon.
 Stebbins, N. L., Crocker.
 Thume, Geo. W., Richland.

PUTNAM COUNTY.

C. H. CARRYER, President.

J. A. TOWNSEND, Secretary.

MEMBERS.

Carryer, C. H., Hartford.
 Cozad, F. A., Powersville.
 Ellis, A. D., Powersville.
 Fretwell, W. J., Unionville.
 Gelsinger, E. J., Unionville.
 Gray, L. L., St. John.
 Haynes, Lee, Mendota.

Holman, J. H., Unionville.
 Montgomery, E. A., Unionville.
 Noel, Frank, Unionville.
 Rice, F. D., Lucerne.
 St. John, T. L., Howland.
 Townsend, J. A., Unionville.

RALLS COUNTY.

O. B. HICKLIN, President.

T. J. DOWNING, Secretary.

MEMBERS.

Birney, W. L., Oakwood.
 Downing, T. J., New London.
 Downing, S. W., Perry.
 Graves, C. H., Center.
 Horwood, W. S., Ransselaar.
 Hendrix, W. S., New London.
 Hicklin, O. B., New London.
 Miles, A. W., Perry.

Moore, F. M., Perry.
 Monroe, Thos., Center.
 McCullom, E. W., Center.
 Rugen, Sam., New London.
 Walter, Fred. E., Perry.
 Waters, Thos. E., New London.
 Wix, F. M., Center.
 Winn, Marvin, Saverton.

RANDOLPH COUNTY.

G. O. CUPPAIDGE, President.

W. M. DICKERSON, Secretary.

MEMBERS.

Adams, S. C., Huntsville.
 Barnhart, D. A., Huntsville.
 Brown, A. J., Higbee.
 Clapp, C. B., Moberly.
 Cuppaidge, G. O., Moberly.
 Dickerson, W. M., Renick.
 McCormack, Frank, Darksville.
 Mangus, T. D., Moberly.

Mangus, C. W., Moberly.
 Magee, W. K., Moberly.
 Nichols, G. W., Higbee.
 Rafter, J. G., Huntsville.
 Shrader, E. W., Moberly.
 Touis, S. F., Jacksonville.
 Woods, R. A., Clark.

RAY COUNTY.

CHAS. B. SHOTWELL, President.

L. D. GREENE, Secretary.

MEMBERS.

Craven, Y. D., Lawson.
 Cook, T. B., Rayville.
 Crowley, C. C., Richmond.
 Gosney, C. W., Hardin.
 Greene, L. D., Richmond.
 Griffin, J. M., Millville.
 Grimes, M., Hardin.
 Hamilton, R. L., Richmond.

Higdon, E. F., Richmond.
 McGaugh, E. T., Richmond.
 Mussen, E. H., Rockingham.
 Sevier, R., Richmond.
 Shotwell, C. B., Richmond.
 Sheets, Robt., Orrick.
 Smith, James W., Richmond.

REYNOLDS COUNTY.

J. M. LOWERY, President.

T. W. CHILTON, Secretary.

MEMBERS.

Chilton, T. W., Corridon.
 Cloonan, M., Ruble.
 Copeland, W. A., Ellington.
 Lowery, J. M., Centerville.

McKenzie, D. H., Lesterville.
 Moffitt, J. H., Redford.
 Moore, J. H., Centerville.
 O'Dell, T. T., Ellington.

SALINE COUNTY.

D. C. GORE, President.

D. F. BELL, Secretary.

MEMBERS.

Chastain, M. F., Marshall.
 Crank, A. C., Herndon.
 Gore, D. C., Marshall.
 Hall, J. R., Marshall.

Howard, F. A., Slater.
 Spotts, B. M., Marshall.
 Shuck, L. L., Nelson.

SCHUYLER COUNTY.

E. L. MITCHELL, President.

H. E. GERWIG, Secretary.

MEMBERS.

Bridges, J. B., Downing.
 Gerwig, H. E., Downing.
 Jones, J. T., Queen City.
 Justice, W. F., Lancaster.
 Keller, J. H., Glenwood.

Mitchell, E. L., Lancaster.
 Mitchell, W. F., Lancaster.
 Rambo, J. H., Glenwood.
 Potter, B. B., Lancaster.

SCOTLAND COUNTY.

W. E. ALEXANDER, President.

O. F. PILE, Secretary.

MEMBERS.

Alexander, W. E., Memphis.
 Bondurant, W. E. H., Memphis.
 Davis, A. L., Arbela.
 Johnson, F. M., Gorlin.
 Mackey, A. H., Gorlin.

Maynard, Geo. K., Hitt.
 Parrish, E. E., Memphis.
 Parrish, J. E., Memphis.
 Pile, O. F., Memphis.
 Platter, A. E., Memphis.

SHELBY COUNTY.

H. C. VAUGHAN, President.

A. M. WOOD, Secretary.

MEMBERS.

Carson, Wm., Shelbyville.
 Chapman, Chas., Shelbyna.
 Dallas, L. W., Hunnewell.
 Devin, J. F., Shelbyville.
 Dobson, D. A., Hunnewell.
 Owen, W. W., Oak Dale.

Pollard, H. M., Shelbyna.
 Reed, M. M., Clarence.
 Smith, J. D., Shelbyna.
 Vaughan, H. C., Shelbyna.
 Wood, A. G., Lentner.
 Wood, A. M., Lentner.

STE. GENEVIEVE COUNTY.

M. ANDRE, President.

F. H. HINCH, Secretary.

MEMBERS.

Andre, M., Ste. Genevieve.
 Burgess, L. McD., St. Marys.
 Counts, H. L., Avon.
 Hortic, C. J., Ste. Genevieve.
 Hinch, F. E., Ste. Genevieve.

Lanning, R. W., Ste. Genevieve.
 Meyer, A. G., Ste. Genevieve.
 Moore, C., St. Marys.
 Morganstein, H. J., Weingarten.
 Rutledge, G. M., Ste. Genevieve.

STODDARD COUNTY.

D. R. CORBIN, President.

JNO. ASHLEY, Secretary.

MEMBERS.

Allen, T. C., Bernie.
 Ashley, John, Bloomfield.
 Brandon, J. P., Essex.
 Caldwell, W. C., Essex.
 Corbin, D. R., Bloomfield.
 Douglas, Jno., Dexter.
 Evans, S. M., Bloomfield.

LaRue, Harry, Dexter.
 Moore, Ed., Bloomfield.
 Phillips, Eldon, Bloomfield.
 Tiller, J. A., Leora.
 Vernon, Geo., Dexter.
 Wilson, Eli, Leora.
 Wingo, T. B., Dexter.

ST. CHARLES COUNTY.

J. R. MUDD, President.

B. K. STUMBERG, Secretary.

MEMBERS.

Baller, H., Cottleville.
 Bitter, Carl, St. Charles.
 Bruere, John, St. Charles.
 Dunn, F. P., St. Peters.
 Gossow, A., St. Charles.
 Hardy, Wm. F., St. Charles.

Morgner, O., St. Charles.
 Mudd, J. R., St. Charles.
 Stumberg, B. K., St. Charles.
 Tainter, E. J., St. Charles.
 Wentker, B. P., St. Charles.

ST. CLAIR COUNTY.

W. C. CLINE, President.

E. D. MILES, Secretary.

MEMBERS.

Bell, W. E., Osceola.
 Cline, W. C., Appleton City.
 Fingrey, W. B., Ralston, Okla.
 SeEVERS, John, Osceola.

Smith, R. J., Appleton City.
 Sullivan, E. W., Osceola.
 Williams, D. B., Osceola.

ST. LOUIS COUNTY.

H. G. WYER, President.

H. T. RANDLE, Secretary.

MEMBERS.

Armstrong, C. L., Webster Grove.
 Bates, Conway, Clayton.
 Berry, J. M., Webster Grove.
 Campbell, A. V., Glendale.
 Coleman, H. T., Pattonville.

Dalton, Martin, Fenton.
 Denny, R. B., Eureka.
 Douglass, J. T., Ferguson.
 Dunnavant, C. A., Kirkwood.
 Eatherton, J. W., Allenton.

Gallagher, J. C., Valley Park.
 Greensfelder, H. B., Kirkwood.
 Guibor, F. E., Maplewood.
 Ham, W. J., Creve Coeur.
 Higgins, R. M., Webster Grove.
 Jensen, N. N., Florissant.
 Kinner, Wm., Ferguson.
 Loving, S. R., Pond.

Moore, R. D., Central.
 Pfister, J. D., Fern Ridge.
 Pitman, John, Kirkwood.
 Randle, H. T., Clayton.
 Reynolds, S. H., Maplewood.
 Thurman, E. J., Fenton.
 Wyer, H. G., Kirkwood.

ST. LOUIS CITY.

FRANK L. HENDERSON, President.

T. A. HOPKINS, Secretary.

MEMBERS.

Abeken, F. W., 3531 S. Broadway.
 Albrecht, F. H., 3763 Westminster Pl.
 Allison, N., Linmar Bldg.
 Allyn, A. B., 3136 Morganford Road.
 Alt, A., 3036 Locust St.
 Althaus, Carl, 2845 Accomac St.
 Ambrose, A. O., 313 N. 9th St.
 Amyx, R. F., 1943 N. 11th St.
 Amerland, J. H., 2739 Chippewa St.
 Apperson, E. L., 536 N. Taylor Ave.
 Atkins, H. S., Insane Asylum.
 Atkinson, R. C., 3002 Lafayette Ave.
 Aufderheide, W. D., 2754 Arsenal St.
 Auler, H. A., 2708 Lynch St.
 Ayars, T. R., 3739 Easton Ave.
 Babler, E. A., 617 Euclid Ave.
 Bailey, F. W., City Hospital.
 Baker, R. W., 1433 Pendleton Ave.
 Ball, J. M., 3509 Franklin Ave.
 Ball, O. F., Linmar Bldg.
 Barck, C., 2715 Locust St.
 Barclay, R., 3394 Washington Ave.
 Bardenheier, F. G. A., City Hospital.
 Barnard, A. L., 2931 Easton Ave.
 Barnes, A. S., 5434 Maple Ave.
 Barnes, A. S., Jr., Mo. Trust Bldg.
 Bartlett, W., 4257 Washington Ave.
 Bauduy, W. K., 2808 Olive St.
 Bauer, C. E., 2104 N. 14th St.
 Baumgarten, G., 2608 Locust St.
 Baumgarten, W., 2647 Washington Ave.
 Becker, W. H., 4743 Labadie Ave.
 Bedal, A. C., 3418 Lucas Ave.
 Behrens, L. H., 6 S. Broadway.
 Bishop, F. L., 516 N. Garrison Ave.
 Black, W. D., 1411 California Ave.
 Blair, V. P., Linmar Bldg.
 Bliss, M. A., 3561 Olive St.
 Block, Robt. C., Linmar Bldg.
 Bock, A. F., 1107 N. Grand Ave.
 Boisliniere, L. C., 3533 Olive St.
 Boehm, J. L., 3806 Delmar Ave.
 Bond, H. W., Linmar Bldg.
 Bond, Y. H., 315 N. Grand Ave.
 Boogher, F., High & Carr Sts.
 Boogher, J. L., Mo. Trust Bldg.
 Booth, D. S., Linmar Bldg.
 Bradley, A. H., 1019 N. 21st St.
 Brandenberger, L. H., 2900 Eads Ave.
 Breed, M. E., 1018 Hamilton Ave.
 Bremer, L., 3723 W. Pine.
 Bribach, B., 7608 Michigan Ave.
 Broderick, J. K., Vanol Bldg.
 Brokaw, A. V. L., 536 N. Taylor Ave.
 Brooks, H. S., 3557 Lafayette Ave.
 Brown, L. S., 536 N. Taylor Ave.
 Brown, J. Y., City Hospital.
 Buck, T. E., 2610 S. 26th St.
 Buckwalter, J. C., Carleton Bldg.
 Burford, C. E., 932 Hamilton Ave.
 Burnett, E. C., Century Bldg.
 Burns, R., 612 N. Taylor Ave.
 Cadwallader, I. H., 919 N. Taylor Ave.
 Campbell, G., 3429 Morgan St.
 Cape, L. W., Sutton & Hazel.
 Caplan, L., 309 Century Bldg.
 Carley, H. D., 3419 Bell Ave.

Carman, R. D., 4318 Olive St.
 Carson, N. B., 3561 Olive St.
 Carson, G. W., 301 Century Bldg.
 Chaddock, C. G., 3750 Lindell Bl.
 Chapman, H. N., 3821 Delmar Ave.
 Clark, W. J.
 Clemens, Jas., 3720 Pine St.
 Clopton, M. B., 2604 Locust St.
 Cobb, C. D., 2900 Washington Ave.
 Colassowitz, A., 2921 S. Broadway.
 Connolly, P. D., 2556 N. Grand Ave.
 Cooney, D. C., 4247 Finney Ave.
 Crandall, G. C., 4287 Olive St.
 Creveling, H. C., 219 N. Sarah St.
 Crossen, H. S., 4477 Delmar Ave.
 Cummings, H. J., 1200 N. Grand Ave.
 Curl, J. L., 2901 Clifton Ave.
 Dalton, H. C., 3536 Easton Ave.
 Davis, L. H., 1017 Park Ave.
 Davis, W., 5013a Page Ave.
 Dean, J. M., 319 N. Grand Ave.
 Deutsch, W. S., 3135 Washington Ave.
 Dickerson, W. L., 5443 Washington Ave.
 Dorset, Walter B., Linmar Bldg.
 Dorsey, B. L., 1422 N. Taylor Ave.
 Drace, C. C., City Dispensary.
 Dudley, C. R., Linmar Bldg.
 Duncan, J. H., Century Bldg.
 Eberlein, E. W., 1208 Dillon St.
 Ehrenfest, H., Vanol Bldg.
 Elbrecht, O. H., Female Hospital.
 Engman, M. F., 2608 Locust St.
 Epstein, M. J., 1905 N. 11th St.
 Ewing, F. C., Century Bldg.
 Eysermann, E. H., 1800 S. Broadway.
 Faber, J. E., 2123 S. 26th St.
 Fahlen, F., 116 N. Grand Ave.
 Falk, J. C., 2701 Stoddard St.
 Ferrel, H. E., 822 N. Grand Ave.
 Fisch, C., 3112 Pine St.
 Fishel, W. E., 2647 Washington Ave.
 Fischer, W., 3554a Olive St.
 Fleming, A. W., 4130 Manchester Road.
 Forster, O. E., Carleton Bldg.
 Forster, D., 6209 Easton Ave.
 Forsythe, Robert C., Linmar Bldg.
 Fowler, S. R., Carleton Bldg.
 Fox, S. D., 2346 Manchester.
 Frankenthal, M., 4163 McPherson Ave.
 Freudenstein, W. H., 3836 Clark Ave.
 Freund, N. M., 1440 S. 18th St.
 Friedman, J., 308 N. 6th St.
 Frielingsdorf, E. H., 2202 S. Broadway.
 Fry, F. R., Linmar Bldg.
 Fuchs, W. H., 2830 Lafayette Ave.
 Fuhrmann, R. H., 3221 California Ave.
 Fulton, A. L., 617 Chouteau Ave.
 Funkhouser, R. M., 4354 Olive St.
 Furney, E. E., 3417 Morgan St.
 Gamble, D. C., 644 Century Bldg.
 Garstang, D. B., Linmar Bldg.
 Gayler, W. C., 3904 Laclede Ave.
 Gehrung, E. C., Linmar Bldg.
 Geltz, H. A., 2942 Washington Ave.
 Gellhorn, Geo., Linmar Bldg.
 Glasgow, F. A., 3894 Washington Ave.
 Glasgow, W. C., 2847 Washington Ave.

Goebel, A., 3508 Manchester.
 Goldstein, M. A., 3585 Westminster Pl.
 Golland, M., 1712 Carr St.
 Goodloe, H., Vanol Bldg.
 Goodwin, E. J., Linmar Bldg.
 Gradwohl, R. B. H., 5001 Fairmount Ave.
 Graham, S. E., 1417 Weststead Ave.
 Grant, J. M., 4132 Easton Ave.
 Graves, S. C., 3603 Lindell Bl.
 Graves, W. W., Vanol Bldg.
 Green, John, Jr., Vanol Bldg.
 Greer, E. O., 2750 Park Ave.
 Griffin, F. H., 2730 Washington Ave.
 Grindon, Joseph, 3894 Washington Ave.
 Gross, J. H., 306 Oriol Bldg.
 Guhman, J. O., 2608 Olive St.
 Guhman, M. J., 3505 N. 26th St.
 Guhman, Chas., N. 43rd & Finney Ave.
 Haase, M. E., 1105 S. 7th St.
 Hall, W. P., 2332 Washington Ave.
 Hall, H. R., 925 Goodfellow Ave.
 Hardaway, W. A., 2922 Locust St.
 Harnisch, H. D., 2407 S. 18th St.
 Harris, D. L., 926 Academy St.
 Harris, R. C., 1308 N. Garrison Ave.
 Hartwig, O. A., 927 Market St.
 Hawley, N. J., Century Bldg.
 Hawley, T. S., 3065 Easton Ave.
 Helwig, H. J., 2804 Manchester Ave.
 Hempel, Max, 3857 N. Grand Ave.
 Henckler, E. H., 2237 Chouteau Ave.
 Henderson, F. L., 310 Century Bldg.
 Henke, A. F., 2210 Howard St.
 Hennerich, J. P., 2921 S. Broadway.
 Herschenroeder, L. C., 2904 Park Ave.
 Hermann, H. W., 1127 N. Grand Ave.
 Heuer, Phil H., 303 N. Grand Ave.
 Hoyer, C., 910 N. 10th St.
 Higbee, E. H., 4952 Park View Pl.
 Hill, R., 4605 Delmar Ave.
 Hirsch, W. T., Century Bldg.
 Hocherfer, D. F., 305 N. 6th St.
 Hoeffer, J. P., 2304 S. Compton Ave.
 Hoffman, P., 3337 Washington Ave.
 Hoge, M. W., Linmar Bldg.
 Holtgrewe, F. W., 1601 Blair Ave.
 Homan, G., Odd Fellows Bldg.
 Hopkins, M. J., 3400 Olive St.
 Hopkins, T. A., 319 Century Bldg.
 Horwitz, M. R., 3000 Olive St.
 Houser, K., Century Bldg.
 Houck, E. F., 1638 S. 26th St.
 Houck, L., 903 Morrison Ave.
 Howard, A. P., Linmar Bldg.
 Hughes, C. H., 3872 Washington Ave.
 Hypes, B. M., 2005 Victor St.
 Jacobson, H. M., Trust Bldg.
 James, J. A. J., Carleton Bldg.
 Jennings, J. E., Carleton Bldg.
 Johnson, E. H., 2507 N. Spring Ave.
 Johnson, F. P., 3744 Finney Ave.
 Johnson, W. L., 2241 S. Grand Ave.
 Johnson, H. McC., Linmar Bldg.
 Jonas, E., 2329 Locust St.
 Jones, H. W., Linmar Bldg.
 Jones, M. D., 4068 Washington Ave.
 Jordan, A. P., 2755 Osage St.
 Kane, R. E., 123 N. Grand Ave.
 Keber, J. B., 448 Century Bldg.
 Keeble, R. R., Mo. Pac. Hospital.
 Keith, W. F., Carleton Bldg.
 Kessler, E. H., 3446 Shenandoah Ave.
 Kennedy, W. U., 18th & Cass Ave.
 Kieffer, A. R., 4268 W. Belle Pl.
 Kieffer, Victor B., City Hospital.
 Kler, W. F., 3609 Lindell Bl.
 Kimball, A. C., Grand & Franklin Ave.
 Kirchner, W. G. C., 1211 N. Grand Ave.
 Klein, S., 1921 N. Grand Ave.
 Koetter, A. F., 1023 N. Grand Ave.
 Krebs, G. A., 2708 S. 11th St.
 Krebs, F. J. V., 2816 N. 14th St.
 Krenning, W. J., 4326 Easton Ave.
 Kuhn, D., 1746 Chouteau Ave.
 Laidley, L. H., 308 N. 6th St.
 Lange, A. F., 2755 Osage St.
 Larew, J. L., 3030 Morgan St.
 Lawrence, W. S., 1913 N. Grand Ave.
 Lebrecht, J. C., 900 S. 4th St.
 Leighton, W. E., 3339 Lucas Ave.
 Lemen, J. R., Vanol Bldg.
 Lewis, Bransford, 627 Century Bldg.
 Lewis, Chas., 1402 Monroe St.
 Levy, A., Lister Bldg.
 Lightner, C. R., 2313 Washington Ave.
 Ling, J. J., Mermod-Jaccard Bldg.
 Lippe, M. J., 4321 W. Belle Pl.
 Lischer, R. F., 3894 Washington Ave.
 Loeb, C., 3559 Olive St.
 Loeb, H. W., 3559 Olive St.
 Long, J. M., 513 Sarah St.
 Luedeking, R., 1837 Lafayette Ave.
 Lutz, F. J., 1630 S. Grand Ave.
 Lyman, H., Carleton Bldg.
 Mann, F. P., 1536 Papin St.
 Mardorf, W. C., 1111 Chouteau Ave.
 Marks, H., 2930 Morgan St.
 Martin, T. A., Century Bldg.
 Marx, E., 505 N. Theresa Ave.
 May, C. O., 2747 Lafayette Ave.
 McCandless, W. A., 3857 Westminster.
 McClure, J., 1702 Market St.
 McKay, H. S., 2643 Geyer.
 Meisenbach, A. H., 2229 S. Broadway.
 Melvin, J. M., 3205 Washington Ave.
 Menestrina, J. F., 3409 Washington Ave.
 Meng, E. R., 728 N. Taylor Ave.
 Meyer, H. H., 1823 N. Taylor Ave.
 Miller, H. E., 2257 Missouri Ave.
 Miller, J. J., 4439 Morgan St.
 Mills, R. Walter, 2235 S. Vandeventer Ave.
 Mook, W. H., 2602 Locust St.
 Moore, B. W., 3634 Washington Ave.
 Moore, H. M., Linmar Bldg.
 Moore, J. G., 5259 Page Bl.
 Moore, J. W., 906 Pine St.
 Moore, W. G., 86 Vandeventer Pl.
 Morfit, J. C., 5101 Morgan St.
 Morris, C. C., 2945 Franklin Ave.
 Mosby, C. V., 2313 Washington Ave.
 Mudd, H. G., 2604 Locust St.
 Mueller, E., 3334 California Ave.
 Muetze, Henry, 3201 Shenandoah Ave.
 Murphy, J. C., 4263 Morgan St.
 Murphy, R. E., 6035 Manchester Ave.
 Myer, J. S., 3894 Washington Ave.
 Neuhoff, F., 1313 Chouteau Ave.
 Newman, L. E., 449 Century Bldg.
 Nicholson, C. M., Lister Bldg.
 Nietert, H. L., Century Bldg.
 Nifong, F. H., 704 N. Kingshighway.
 Norris, E. J., 4323 Russell Ave.
 North, E. P., 3920 Russell Ave.
 Ohmann-Dumesnil, A. H., 5 S. Broadway.
 O'Reilly, R. J., 602 N. 7th St.
 Orr, C. J., 3343 Morgan St.
 Outten, W. B., Mo. Pac. Hospital.
 Padberg, L. R., 2759 Armand.
 Patton, F. W., 5617 Maple Ave.
 Pfeifferberger, J. M., City Hospital.
 Phillips, G. M., 520 Olive St.
 Pierce, H. M., 4046 N. Grand Ave.
 Pim, L. T., Mo. Trust Bldg.
 Pollman, L. P., 2002 St. Louis Ave.
 Popper, M., Mermod-Jaccard Bldg.
 Porter, Wm., 520 Olive St.
 Post, H. M., 27th & Washington Ave.
 Powell, C. H., Century Bldg.
 Pritchard, J. B., 3203 Easton Ave.
 Printz, H., Century Bldg.
 Rastetter, L., City Hospital.
 Ravold, A., 312 Century Bldg.
 Reider, F., 4629 Cook Ave.
 Remme, C. F., 400 S. 14th St.
 Rice, D. F., Century Bldg.

Riesmeyer, L. T., 2838 Lafayette Ave.
 Riley, C. M., Alton, Ill.
 Ring, Frank, Chemical Bldg.
 Rinninger, Wm., 1100 Madison St.
 Robertson, W. M., 2608 Locust St.
 Rohlfing, C. G., 1200 N. 8th St.
 Rohlfing, H. A. L., 2602 Laclede Ave.
 Rohlfing, L. C., 3914 Maflit Ave.
 Rosebrough, F. H., Grand & Bell.
 Ross, J. B., 1908 E. Grand Ave.
 Rothstein, H. B., 3309 S. 13th St.
 Rule, J. B., Olivia Bldg.
 Rumbold, F. M., 450 Century Bldg.
 Rush, W. M., 805 N. Grand Ave.
 Salter, J. C., 520 N. Grand Ave.
 Sauer, W. E., Olivia Bldg.
 Saunders, E. W., 3003 Lafayette Ave.
 Saxl, Ernst, Century Bldg.
 Scherck, H. J., 403 Century Bldg.
 Schisler, E., 2027 S. Jefferson Ave.
 Schlossstein, A., 2401 S. Broadway.
 Schlossstein, A. G., 3153 Longfellow.
 Schlueter, R. E., 720 S. 4th St.
 Schmalhorst, D. E., 8111 N. Broadway.
 Scholz, P., 3403 N. 14th St.
 Scholz, R. P., 1110 Ferry St.
 Schuchat, W. L., 2200 Chouteau Ave.
 Schulz, H. W., 2603 Cherokee Ave.
 Schwab, S. I., Vanol Bldg.
 Schwarz, H., 440 N. Newstead Ave.
 Schwarze, A., 2921 S. Jefferson Ave.
 Shapleigh, J. B., 2608 Locust St.
 Sharpe, N. W., 3505 Franklin Ave.
 Shattinger, C., 2924 S. Grand Ave.
 Shields, W. B., Linmar Bldg.
 Shoemaker, J. F., Carleton Bldg.
 Shoemaker, W. A., 1006 Carleton Bldg.
 Shutt, C. H., City Hospital.
 Senseney, E. M., 2829 Washington Ave.
 Sieving, H. J. C., 1125 St. Louis Ave.
 Simon, J. H., 4104 Manchester Ave.
 Sluder, G., 2647 Washington Ave.
 Smith, Elsworth, 116 N. Grand Ave.
 Smith, J. C., 3634 Washington Ave.
 Smith, J. W., Mermod-Jaccard Bldg.
 Snodgrass, C. A., 1624 Chestnut St.
 Soper, H. W., 813 N. 18th St.
 Spain, K. C., Carleton Bldg.
 Spencer, H. N., 2723 Washington Ave.
 Spiegelhalter, J., 2166 Lafayette Ave.

Spooner, E. H., 1116 Talmage Ave.
 Stauffer, W. H., 1023 N. Grand Ave.
 Steedman, J. G. W., 2803 Pine St.
 Steer, J., 3126 Washington Ave.
 Stevens, C. D., 1749 S. Grand Ave.
 Stewart, F., 1001 Olive St.
 Stocking, L. C., 1304 Academy Ave.
 Stockwell, B. E., 2345 S. Broadway.
 Suggett, O. L., 423 Commercial Bldg.
 Summa, Hy. H., 3707 N. 11th St.
 Summa, Hugo, 2249 St. Louis Ave.
 Sutter, O., Century Bldg.
 Stoffel, R. J., 2754 Armand Ave.
 Talbott, H., 3153 Laclede Ave.
 Tanquary, J. H., 930 Belt Ave.
 Taussig, A. E., 2318 Lafayette Ave.
 Taussig, F. G., 534 N. Vandeventer.
 Tiedemann, E. F., 2253 S. Vandeventer.
 Tooker, Chas. W., Jr., 4326 Pine St.
 Trotman, C. A., 3524 Lawton Ave.
 Tuholske, H., 465 N. Taylor Ave.
 Tupper, F. Y., 534 N. Vandeventer Ave.
 Tuttle, G. M., 3509 Morgan St.
 Valle, J. F., 3303 Washington Ave.
 Vandover, S. T., 1536 Papin St.
 Vaughan, J. W., 4001 W. Belle Pl.
 Vielt, E. J., 2305 California Ave.
 Vogt, G. W., 1455 Blair Ave.
 Vogt, W. H., 1455 Blair Ave.
 Vollmer, P., 2358 S. 12th St.
 Von der Au, O. L., 1301 Geyer Ave.
 Vosberg, C. A., Centenary Hospital.
 Ware, Chas., 1404 Olive St.
 Warfield, L. M., Chemical Bldg.
 Wesseler, F. W., 2308 Gravois Ave.
 Whippley, H. M., 2342 Albion Pl.
 Wiatt, W., East St. Louis, Ill.
 Wichmann, H. L., 1418 S. 17th St.
 Wiener, M., 500 Carleton Bldg.
 Wilkes, B. A., Linmar Bldg.
 Williamson, J. W., 5600 Cates Ave.
 Wilson, A., 1514 Wagoner Pl.
 Wilson, R. E., 512 Mo. Trust Bldg.
 Wilson, W. A., 1536 Papin St.
 Winter, Wm., 3632 S. Broadway.
 Witherspoon, T. C., 4318 Olive St.
 Wolfner, H. L., Carleton Bldg.
 Woodruff, F. E., 2925 Washington Ave.
 Zahorsky, John, 1460 S. Grand Ave.
 Zoller, C. H., 1235 N. Grand Ave.

SULLIVAN COUNTY.

J. C. KESSINGER, President.

J. S. MONTGOMERY, Secretary.

MEMBERS.

Helton, J. W., Green City.
 Mairs, E. J., Newtown.
 Montgomery, J. S., Milan.

Porter, E. S., Milan.
 Widner, A. W., Newtown.
 Witter, W. L. M., Milan.

VERNON COUNTY.

H. C. JARVIS, President.

T. B. TODD, Secretary.

MEMBERS.

Adams, W. T., Richards.
 Buchanan, J. Robt., Nevada.
 Bohannon, W. T., Nevada.
 Churchill, E. R., Nevada.
 Craig, T. B. M., Nevada.
 Callaway, L. H., Nevada.
 Davis, C. B., Walker.
 Johnson, S. A., Nevada.
 Jarvis, H. C., Shell City.

Keithly, C. L., Nevada.
 Millikan, G. S., Shell City.
 Poppewell, W. H., Sheldon.
 Robinson, J. F., Nevada.
 Smith, A. P., Ketterman.
 Todd, T. B., Richards.
 Truex, J. L., Milo.
 Wilson, G. C., Nevada.

WARREN COUNTY.

W. J. ALEXANDER, President.

E. A. FLUESMEIER, Secretary.

MEMBERS.

Alexander, W. J. Marthasville.
Dyer, J. H., Warrenton.
Foreman, J., Warrenton.
Fluesmeier, E. A., Wright City.

Graham, A. W., Warrenton.
McKinney, Geo. F., Warrenton.
Mitchell, E. G., Wright City.
Stewart, James, Holstein.

WASHINGTON COUNTY.

J. A. EATON, President.

W. S. SMITH, Secretary.

MEMBERS.

Eaton, J. A., Belgrade.
Ford, David, Richwoods.
Hall, Jas. H., Potosi.
Hall, L. T., Potosi.

Parker, W. H., Anthonies Mills.
Parker, W. J., Berryman.
Smith, W. S., Belgrade.
Townsend, J. P., Potosi.

WAYNE COUNTY.

L. M. PETTIT, President.

I. N. BARNETT, Secretary.

MEMBERS.

Atkins, F. R., Jackson.
Bailey, W. S., Leeper.
Barnett, I. N., Piedmont.
Gillmer, J. E., Piedmont.
Montgomery, J. M., Lowndes.

Owens, R. J., Mill Spring.
Sebastian, J. P., Patterson.
Sheets, C. C., Greenville.
Toney, G. W., Piedmont.

COUNTY SOCIETIES IN AFFILIATION WITH THE STATE MEDICAL ASSOCIATION.

County.	President.	Address of President.	Secretary.	Address of Secretary.
Adair	James Hanks	Brashear	E. C. Grim	Kirksville.
Andrew	D. B. Bryant	Savannah	C. O. Jeffries	Savannah.
Atchison	G. W. Lott	Uesboro	A. McMichael	Rockport.
Audrain	C. A. Rothwell	Mexico	E. S. Cayce	Mexico.
Barton	G. D. Allee	Lamar	L. McComb	Kenoma.
Bates	A. E. Lyle	Butler	E. N. Chastain	Rich Hill.
Benton	G. S. Greeson	Lincoln	S. O. Davis	Warsaw.
Boone	J. E. Thornton	Columbia	W. A. Norris	Columbia.
Buchanan	P. I. Leonard	St. Joseph	Chas W Fassett	St. Joseph.
Butler	W. A. Kendall	Poplar Bluff	J. J. Norwine	Poplar Bluff.
Caldwell	C. C. Leeper	Braymer	Tinsley Brown	Hamilton.
Callaway	J. F. Harrison	Fulton	Martin Yates	Fulton.
Camden	G. M. Moore	Linn Creek	G. T. Myers	Macks Creek.
Cape Girardeau	H. L. Cunningham	Cape Girardeau	E. P. Potterfield	Cape Girardeau.
Carroll	W. C. Baird	Bogard	R. F. Cook	Carrollton.
Carter-Shannon	F. Hyde	Eminece	A. C. Chilton	Van Buren.
Cass	R. D. Ramey	Garden City	J. S. Triplett	Harrisonville.
Charlton	H. C. Tatum	Brunswick	C. A. Jennings	Santon.
Clark	H. W. Harris	Winchester	A. C. Bridges	Kahoka.
Clay	L. J. Jones	Linden	F. H. Matthews	Liberty.
Clinton	John Sturgis	Perrin	E. A. Colley	Platte City.
Cole	J. P. North	Jefferson City	G. Bttmueller	Jefferson City.
Cooper	P. L. Hurt	Boonville	R. S. Holman	Boonville.
Crawford	W. A. Metcalf	Steelville	A. H. Horn	Steelville.
Davies	J. D. Dunham	Pattonsburg	M. A. Smith	Gallatin.
Dunklin	N. F. Kelley	Kennett	G. L. Johnson	Kennett.
Franklin	H. A. Booth	Pacific	A. C. Brown	Moselle.
Gasconade-Maries-Osage	J. J. Ferrell	Owensville	J. W. Nieweg	Lois.
Greene	W. P. Patterson	Springfield	Robt. M. Cowan	Springfield.
Grundy	J. A. Asher	Trenton	W. D. Fulkerson	Trenton.
Henry	Jno. H. Britts	Clinton	F. M. Jennings	Clinton.
Holt	E. T. Quigley	Mound City	J. F. Chandler	Forest City.
Howard	A. W. Moore	Fayette	C. W. Watts	Fayette.
Howell	J. W. Bingham	Pottersville	H. C. Shuttee	West Plains.
Iron	R. W. Gay	Ironton	Ira A. Marshall	Ironton.
Jackson	Robt. T. Sloan	Kansas City	Max Goldman	Kansas City.
Jasper	A. E. Freeman	Joplin	J. T. Stamey	Joplin.
Jefferson	W. H. Farrar	DeSoto	H. Will Elder	DeSoto.
Johnson	M. P. Shy	Knobnoster	E. H. Gilbert	Warrensburg.
Knox	S. S. Brown	Edina	Henry J. Jurgen	Edina.
Laclede	J. M. Billings	Lebanon	J. A. McComb	Lebanon.
Lafayette	P. S. Fulkerson	Lexington	C. T. Ryland	Lexington.
Lincoln	S. R. McKay	Troy	Wm. P. Smith	Troy.
Linn	K. V. Stanley	Brookfield	D. E. Howard	Brookfield.
Livingston	David F. Gordon	Chillicothe	F. E. Cherrington	Chillicothe.
McDonald	E. F. Doty	Anderson	M. L. Sellers	Anderson.
Macon	E. S. Smith	Macon	G. B. Rush	Macon.
Madison	G. W. Greenwood	Fredericktown	C. U. Davis	Fredericktown.
Marion	R. H. Goodier	Hannibal	F. Janet Reid	Hannibal.
Mercer	H. P. Chesmore	Princeton	C. R. Buren	Princeton.
Miller	S. P. Hickman	Ulman	G. D. Walker	Eldon.
Mississippi	A. J. Martin	East Prairie	W. P. Howle	Charleston.
Moniteau	J. B. Stewart	Clarksburg	W. R. Patterson	Tipton.
Monroe	S. M. Brown	Monroe City	M. C. McMurry	Paris.
Montgomery	J. L. Jones	Jonesburg	W. M. Wheeler	High Hill.
Morgan	W. L. Hatler	Barnett	J. T. Beale	Versailles.
Newton	I. W. Lamson	Neosho	Horace Bowers	Neosho.
Nodaway	J. A. Larrabee	Barnard	F. R. Anthony	Marville.
Pemiscot	D. B. Crowe	Caruthersville	J. G. Luten	Caruthersville.
Perry	T. M. Hudson	Perryville	F. M. Vessels	Perryville.
Pettis	W. C. Overstreet	Sedalia	W. J. Ferguson	Sedalia.
Phelps	W. H. Breuer	St. James	S. L. Baysinger	Rolla.
Pike	M. O. Biggs	Bowling Green	T. Guy Hetherlin	Louisiana.
Platte	R. P. Davis	Woodruff	G. C. Coffey	Platte City.
Pulaski	W. L. Ragan	Richland	G. W. Quick	Crocker.
Putnam	C. H. Carryer	Hartford	T. A. Townsend	Unionville.
Ralls	O. B. Hicklin	New London	T. J. Downing	New London.
Randolph	G. O. Cuppaidge	Moberly	W. M. Dickerson	Renick.
Ray	Chas. B. Shotwell	Richmond	L. D. Greene	Richmond.
Reynolds	J. M. Lowery	Centerville	T. W. Chilton	Corridon.
Saline	D. C. Gore	Marshall	D. F. Bell	Marshall.
St. Charles	J. R. Mudd	St. Charles	A. Cossow	St. Charles.
St. Clair	W. C. Cline	Appleton City	E. D. Miles	Oscola.
St. Genevieve	M. Andre	St. Genevieve	F. E. Hinch	St. Genevieve.
St. Louis	F. L. Henderson	Century Bldg.	T. A. Hopkins	Century Building.
St. Louis Co.	H. G. Wyer	Kirkwood	H. T. Randle	Clayton.
Schuyler	I. T. Jones	Queen City	H. E. Gerwig	Downing.
Scotland	W. B. Alexander	Memphis	O. F. Pile	Memphis.
Shelby	H. C. Vaughn	Shelbina	A. M. Wood	Lentner.
Stoddard	D. R. Corbin	Bloomfield	Jno. Ashley	Bloomfield.
Sullivan	I. C. Kessenger	Milan	J. S. Montgomery	Milan.
Vernon	H. C. Jarvis	Schell City	T. B. Todd	Richards.
Warren	W. J. Alexander	Marthasville	E. A. Fluetsmeyer	Wright City.
Washington	J. A. Eaton	Belgrade	W. S. Smith	Belgrade.
Wayne	L. M. Pettit	Greenville	I. N. Barnett	Piedmont.

MEETINGS OF COUNTY MEDICAL SOCIETIES.

County.	Date of Meeting.
Adair	Quarterly. Last Tuesday, Jan., April, July, Oct.
Andrew	Monthly. First Wednesday.
Atchison	Quarterly. January, April, July, October.
Audrain	Monthly. First Monday.
Barton	Quarterly. First Thursday, May, Aug., Nov., Feb.
Bates	Quarterly. Last Thursday in Feb., May, Aug. and Nov.
Boone	Monthly. First Monday.
Buchanan	Semi-Monthly. First and Third Saturday.
Butler	Weekly. Fridays.
Caldwell	Quarterly. July, October, January, April.
Callaway	Monthly. Second Thursday.
Camden	Quarterly. Second Monday, April, July, Oct. and Jan.
Cape Girardeau	Monthly. Second Wednesday.
Carroll	Monthly. Second Tuesday.
Carter-Shannon	Quarterly. February, May, August, and November.
Cass	Quarterly. First Thursday of March, June, Sept. and Dec.
Charlton	Monthly. Last Thursday.
Clark	Bi-Monthly. First Mondays, Feb., April, June, Aug., Oct., Dec.
Clay	Monthly. Last Monday.
Clinton	Monthly.
Cole	Quarterly. Second Thursday of Jan., April, July, Oct.
Cooper	Monthly. First Tuesday.
Crawford	Quarterly. First Tuesday, April, July, October, January.
Davies	Quarterly. January, April, July, October.
Dunklin	Monthly. First Tuesday.
Franklin	Monthly. First Tuesday.
Gasconade-Maries-Osage	Monthly.
Greene	Weekly. Saturday.
Grundy	Quarterly. July, October, January, April.
Henry	Monthly. Second Tuesday.
Holt	Quarterly. January, April, July, October.
Howard	Monthly. Third Tuesday.
Howell	Bi-Monthly. First Thursday of Dec., Feb., April, June, Aug., Oct.
Iron	Monthly. First Saturday.
Jackson	Semi-Monthly. Second and Fourth Thursdays.
Jasper	Semi-Monthly. First and Third Mondays.
Jefferson	Monthly. Fourth Tuesday.
Johnson	Quarterly. June, September, December, March.
Knox	Monthly. First Monday.
Laclede	Semi-Annually. First Mondays May and November.
Lafayette	Monthly. Second Tuesday, Jan., Mch., May, July, Sept., Nov.
Lincoln	Quarterly. May, August, November, February.
Linn	Quarterly. October, January, April, July.
Livingston	Monthly. Third Wednesday.
McDonald	Monthly. First Wednesday.
Macon	Monthly. On or before full moon, Tuesday, 10 a. m.
Madison	Semi-Monthly. First and Third Monday.
Marion	Monthly. First Friday.
Mercer	Monthly. Second Thursday.
Miller	Quarterly. First Thursday, March, June, Sept. Dec.
Mississippi	Monthly. First Monday.
Moniteau	Quarterly. March, June, September, December.
Monroe	Quarterly. First Tuesday of April, July, October, January.
Montgomery	Monthly.
Morgan	Quarterly. First Wednesday of March, June, Sept., Dec.
Newton	Monthly. Second Tuesday.
Nodaway	Monthly. Second Tuesday.
Pemiscot	Quarterly. First Tuesday, January, April, July, November.
Perry	Monthly. First Wednesday.
Pettis	Semi-Monthly. First and Third Monday.
Phelps	Quarterly. March, June, September, December.
Pike	Monthly.
Platte	Monthly. First Wednesday.
Pulaski	Monthly.
Putnam	Monthly. First Wednesday.
Ralls	Quarterly. January, April, July and October.
Randolph	Monthly. Second Tuesday.
Ray	Monthly. Third Wednesday.
Reynolds	Quarterly. January, March, June, October.
Salline	Monthly. Second Tuesday.
St. Charles	Monthly.
St. Clair	Quarterly. Second Tuesday, March, June, Sept., Dec.
Ste. Genevieve	Monthly. Second Wednesday.
St. Louis	Weekly. Saturdays.
St. Louis County	Monthly. Second Wednesday.
Schuyler	Semi-Annually. July and December.
Scotland	Monthly. Second Tuesday.
Shelby	Quarterly. June, September, December, March.
Stoddard	Quarterly. First Wednesday, March, June, Sept., Dec.
Sullivan	Monthly.
Vernon	Quarterly. First Tuesday, March, June, Sept. and Dec.
Warren	Monthly.
Washington	Monthly. First Saturday.
Wayne	Monthly.

AMERICAN MEDICAL ASSOCIATION.

Next Annual Meeting at Portland, Oregon, July 11th to 14th, 1905.

President-Elect: LOUIS S. McMURTRY, Louisville, Ky.

President: JOHN H. MUSSER, Philadelphia, Pa.

First Vice-President: EDWARD JACKSON, Denver, Colo.

Secretary and Editor: GEORGE H. SIMMONS, 103 Dearborn Ave., Chicago.

Treasurer: FRANK BILLINGS, Chicago.

MISSOURI STATE MEDICAL ASSOCIATION.

Next Annual Meeting, Jefferson City, May, 1906.

President: D. C. GORE, Marshall, Mo.

Vice-Presidents:

C. D. AVERY, Troy; J. P. BURKE, Laclede; F. A. GLASGOW, St. Louis; T. F. LOCKWOOD, Butler; E. LOWREY, Excelsior Springs.

Secretary: C. M. NICHOLSON, St. Louis.

Assistant Secretary: E. J. GOODWIN, St. Louis.

Treasurer: J. FRANKLIN WELCH, Salisbury.

COMMITTEES.

Committee on Scientific Work.

C. M. Nicholson, Chairman; E. L. Chambliss, A. R. Kieffer.

Publication Committee.

C. M. Nicholson, Chairman; F. J. Lutz, B. M. Hypes; W. B. Dorsett.

Committee on Public Policy and Legislation.

F. J. Lutz, Chairman; W. S. Allee, H. E. Pearse.

COUNCILLOR DISTRICTS AND LIST OF COUNTIES IN EACH DISTRICT.*

First District.—F. B. Hiller, Kahoka. Counties: Clark, Scotland, Schuyler, Adair, Knox, Lewis.

Second District.—J. D. Brummall, Salisbury. Counties: Linn, Carroll, Chariton, Livingston, Grundy, Sullivan, Mercer, Putnam.

Third District.—E. H. Miller, Fayetteville. Counties: Clay, Ray, Platte, Clinton, Caldwell, DeKalb, Gentry, Harrison, Worth, Daviess.

Fourth District.—C. H. Wallace, St. Joseph. Counties: Buchanan, Holt, Atchison, Nodaway, Andrew.

Fifth District.—L. W. Dallas, Hunnewell. Counties: Macon, Shelby, Marion, Randolph, Monroe, Ralls.

Sixth District.—Woodson Moss, Columbia. Counties: Audrain, Callaway, Montgomery, Warren, Pike, Boone, Howard, St. Charles.

Seventh District.—W. B. Dorsett, St. Louis. Counties: St. Louis, Lincoln.

Eighth District.—F. J. Lutz, St. Louis. Counties: Franklin.

Ninth District.—B. M. Hypes, St. Louis. Counties: Jefferson, Washington, St. Francois, Reynolds, Iron, Perry, St. Genevieve.

Tenth District.—J. J. Norwine, Poplar Bluff. Counties: Mississippi, New Madrid, Wayne, Stoddard, Dunklin, Butler, Ripley, Carter, Pemiscot.

Eleventh District.—W. D. Porterfield, Jr., Cape Girardeau. Counties: Bollinger, Scott, Madison, Cape Girardeau.

Twelfth District.—W. S. Allee, Olean. Counties: Miller, Morgan, Maries, Cole, Moniteau, Camden, Osage, Gasconade.

Thirteenth District.—R. D. Haire, Clinton. Counties: Pettis, Lafayette, Henry, St. Clair, Benton, Saline, Hickory, Cooper.

Fourteenth District.—M. P. Overholser, Harrisonville. Counties: Jackson, Cass, Bates, Johnson.

Fifteenth District.—A. R. Snyder, Joplin. Counties: McDonald, Newton, Jasper, Dade, Barton, Cedar, Vernon.

Sixteenth District.—R. L. Johnson, Rolla. Counties: Dallas, Crawford, Phelps, Pulaski, Laclede, Dent.

Seventeenth District.—J. E. Tefft, Springfield. Counties: Greene, Christian, Stone, Barry, Lawrence, Webster, Polk, Taney.

Eighteenth District.—H. C. Shuttee, West Plains. Counties: Ozark, Oregon, Howell, Texas, Wright, Shannon, Douglas.

*Counties in black type are unorganized.